LI CERTIFICATE OF DEATH THE THE PARTY OF T 7261 88 NAI

	-		2 4			-	2. USUAL RESIDENCE (\	Man Jar	and through the basels.	Reg. Di			anh.
		LACE OF BEATH	Allegany		MAR	YLAND	o. STATE Md.	where deceas	b. COUNT		ega		ony •
	b	. CITY OR TOWN (I	If outside corporate limits, write	RURAL	c. LENGTH OF STA	YIN 1b	c. CITY OR TOWN (I	f outside cor	porote limits, write	RURAL one	give no	eorest town	
00		Cumb	perland		39 yrs		The state of the s	tstor	ne				
O.A.			ed Heart H			eus)	d. STREET ADDRESS					o. IS RESI ON A I	FARM?
		NAME OF DECEASED Type or print)	Rose		Middle G •		Allison	4. DATE OF DEATH	Jan.	•	18	Year 19	57
	5. S	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	_			9. AGE (In years fost birthday)	Months	Days	HOUR N	24 HRS.
		female	white	WIDOWEL			ug. 22-189		64 yrs.				
1	10a.	uring most of working HOUSEW	ON (Give kind of work ding life, even if retired) VLIE		ind of business of	R INDUSTR	Johnsto				S.	WHAT CO	UNTRY?
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN		- 4-				
			ick Myers				Jennie	Mers					
		MAS DECEASED EV	VER IN U. S. ARMED FOR (If you, give war or dates of s		SOCIAL SECURITY NO		FORMANT		Address	177			- 3/
0		no				1 (n	usband) Ja	rcop 1	H.Allis	on, ru			e,1
			ATH [Enter only one caus ATH WAS CAUSED BY:		for (o), (b), and (c).]	0001	าต่ากา				ONSE	LICACE	n
		* *	IMMEDIATE CAUSE (o)		oronary	OCCI	uston					ciaac	11
1		260X	OT 3UC	C	oronary	scle	rosis				14	or 5	Yr
1,		Conditions, if a	ediote couse								-		white offer
11/		fed station the	underlying DUE 10	D	iabetes :	mell	itus					?	
		(o), stoting the couse lost.	(c)		Taneres :	211 C - L pha					1		TOPSY
10	CATION	couse lost.	(c). THER SIGNIFICANT COND					INAL DISEAS	E CONDITION GIV	'EN IN PAR	T 1(0) 15	PERFORM	10 K
0	CERTIFICATION	couse lost.	(c).	DITIONS CO	INTRIBUTING TO DEA	TH BUT NO				EN IN PAR	T 1(0) 11	PERFORM	
0	MEDICAL CERTIFICATION	PART II. OT	(c). THER SIGNIFICANT COND USE WAS NITRIBUTING D JRY Month, Day, Yeo	DITIONS CO	HOW INJURY OCCURRED NOT While	JRRED. (En	OT RELATED TO THE TERM	of I or Port II			T 1(0) 11	PERFORM ES	
0	L CERTIFI	PART II. OTI 20a. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour a. m., p. m.	(c). THER SIGNIFICANT COND USE WAS NITRIBUTING D JRY Month, Day, Yeo	DESCRIBI	HOW INJURY OCCURRED NURY OCCURRED Not while of work	URRED. (En	OT RELATED TO THE TERM for noture of injury in Pol E OF INJURY (Home, forr y, street, office bldg., etc.	n, 20f. (Cit	of item 18.} y or town}	(Cor	unty)	PERFORM ES	(Stole)
0	L CERTIFI	PART II. OTI 20g. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o. m. p. m. 21. I certify t	(c). THER SIGNIFICANT COND USE WAS SINTRIBUTING D JRY Month, Day, Yeo	DESCRIBITIONS CO. DESCRIBITION	HOW INJURY OCCURRED Nat while of work emains describe	URRED. (En	or related to the term ter noture of injury in Por E OF INJURY (Home, forry, street, office bldg., etc.)	n, 20f. (City	of item 18.} y or town} nspection [**]	(Coi	unty)	PERFORM ES	(Stole)
0	L CERTIFI	20a. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour a. m. p. m. 21. 1 certify t death resulted	(c). CHER SIGNIFICANT COND CUSE WAS DITRIBUTING D URY Month, Day, Yeo 19 Chat I taok charge	DESCRIBI	HOW INJURY OCCURRED Not work of work emains described. Accident	URRED. (En 20e. PLAC foctor ed abov	or related to the term for noture of injury in Pol E OF INJURY (Home, forr y, street, office bldg., etc. e, held an Autops ide, Homicide	n, 20f. (City	of item 18.} y or town) nspection 潮,	(Coi	unty)	PERFORM	(Stote)
	L CERTIFI	PART II. OTI 20g. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o. m. p. m. 21. I certify t	(c). CHER SIGNIFICANT COND CUSE WAS DITRIBUTING D URY Month, Day, Yeo 19 Chat I taok charge	DESCRIBI	HOW INJURY OCCURRED Nat while of work emains describe	URRED. (En 20e. PLAC foctor ed abov	or related to the term for noture of injury in Pol E OF INJURY (Home, forr y, street, office bldg., etc. e, held an Autops ide , Homicide M.D. CHIEF MEDICAL E	n, 20f. (City , I be , U	of item 18.} y or town) nspection 渊, ndetermined o	(Coi	unty)	PERFORM ES	(Stole)
2	L CERTIFI	20g. EXTERNAL CAPRIMARY or COCAUSE OF DEATH. 20g. TIME OF INJUITION Hour o.m. p. m. 21. 1 certify the death resulted ACTUAL SIGNATURE EXAMINER'S T	(c). CHER SIGNIFICANT COND CUSE WAS DITRIBUTING D URY Month, Day, Yeo 19 Chat I taok charge	o. DESCRIBI	HOW INJURY OCCURRED Not work et work e	URRED. (En 20e. PLAC foctor ed abov	or related to the term for noture of injury in Pol E OF INJURY (Home, forry, street, office bldg., etc. e, held an Autops ide , Homicide M.D. CHIEF MEDICAL E ASSISTANT MEDIC	n, 20f. (City , I be , U	of item 18.} y or town) nspection 渊, ndetermined o	(Coi Inquii	unty)	PERFORM	(Stole)
	MEDICAL CERTIFI	20a. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH. 20c. TIME OF INJU- Hour a. m. p. m. 21. I certify to death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMATIC	(c). (CHER SIGNIFICANT CONE (LUSE WAS DITRIBUTING D (C) (LUSE WAS DITRIBUTING D (LUSE WAS	o. DESCRIBI	HOW INJURY OCCURRED Not work et work e	TH BUT NO URRED. (En 200: PLAC foctor ed abov	T RELATED TO THE TERM for noture of injury in Pole E OF INJURY (Home, forry, street, office bldg., etc.) e, held an Autops ide , Homicida M.D. CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL	n, 20f. (City) by , ! compared to the compar	of item 18.} y or town) nspection [**], ndetermined of	(Coi , Inquis cause [_	unty)	PERFORM	(Stole)
	MEDICAL CERTIFI	20a, EXTERNAL CAPRIMARY or COCAUSE OF DEATH. 20c, TIME OF INJUING o.m., p.m. 21. I certify the death resulted actual signature. EXAMINER'S NAME (Type)	(c). IHER SIGNIFICANT CONE SUSE WAS DITRIBUTING D IP That I taok charge d from: Natural of H. V. Deming ON, 22b. Date Thereo	o. DESCRIBI	HOW INJURY OCCURRED Not while of work emains described, Accident	TH BUT NO URRED. (En 200: PLAC foctor ed abov], Suice	TRELATED TO THE TERM for noture of injury in Pole E OF INJURY (Home, forry, street, office bldg., etc. e, held an Autops ide , Homicide M.D. CHIEF MEDICAL E ASSISTANT MEDIC DEPUTY MEDICAL REMATORY	n, 20f. (City) N, 10 Port II N, 20f. (City) N, 1 Port II N, 20f. (City)	of item 18.) y or town) nspection 强, ndetermined of IR □ Jan. TION (City, town.	(Continuing the county)	onty) ry [34].	and fir	(Stote)
	055 MEDICAL CERTIFI	PART II. OTI 20a. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour a. m. p. m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMATIC REMOVAL (Specify	(c). (d)	DESCRIBI	HOW INJURY OCCURRED Not while of work emains described, Accident	TH BUT NO URRED. (En 200: PLAC foctor ed abov], Suice	TRELATED TO THE TERM for noture of injury in Pole E OF INJURY (Home, forry, street, office bldg., etc.) e, held an Autops ide , Homicide M.D. CHIEF MEDICAL E ASSISTANT MEDICAL REMATORY	n, 20f. (City) N, 10 Port II N, 20f. (City) N, 1 Port II N, 20f. (City)	of item 18.) y or town) nspection (**), ndetermined of I Jan. ITION (City, town,	(Continuity) [Court County) [Court County) [County County)	unity) ry 🕦	and fir	(Stote)

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BECEINED

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
havid be	E CEE	Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) 3. STATE 4. COUNTY	-
La sup	5	b. CITY OR TOWN (If outside corporate limits, write RURAL c, LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Page		Frostburg 10 weeks 22 Frostburg	
irector.	61	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Miners Hospital E.Main St. Gerson Ant. VES IN OF	?
e de	2	3. NAME OF First Middle Lost 4. DATE Month Day Year OF (Type or print) Anderson DEATH Jan. 27 19 54	7
he fu	B	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. 8. DATE OF BIRTH 9. AGE (in years lost birthdee)	Ś.
to to		male White WIDOWED DIVORCED Oct. 1887 69m. Months Doys Hours Min. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY	V2
e ret	: / Pretire	during most of working life, even if refired)	11
0, 2,	Leorie	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	
5 m 5	,	Mark Anderson Carrie Fazenbaker	
Poge Poge		15. WAS DECEASED EVER IN U. S. ARMED FORCES? I6. SOCIAL SECURITY NO. 17. INFORMANT Address [If yes, give wor or dates of service)	
Give	1 4 /	yes W.W.1 2/7-03-64/3 Miners Hospital records [18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	_
18. m EA		DAST I DEATH WAS CALLED BY.	
Item farm		523. O BUE TO Broncho pneumonia with lung abscesses	
il ii		Conditions, if eny, which Silicosis (bilateral) marked.	
olong		(o), stoting the underlying DUE TO Emaciation (marked)	_
offices of	5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?	
r's O	4	Intertrochanteric fracture of left femur	
i pe	2	Intertrochanteric fracture of left femur 20a. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING POPULATION POPULATION OF CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) Fell on sidewalk	
Exo		TO SIDEWATE 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)	_
the dical	about	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, fociary, street, office bldg., etc.) P. m. Norr 7 19 56 of work o	7
Medi Poor	<u></u>	21. I certify that I tack charge of the remains described above, held an Autopsy . Inspection . Inquiry and find the	Q)
Chief		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .	
the (ACTUAL H-1 D SWING MI S CHIEF MEDICAL EXAMINER 17	
d to	2	SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	
200	OVDE	EXAMINER'S H. V. Deming M.D. DEPUTY MEDICAL EXAMINER 7 Jan 27-1057	
cute	2	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	
2		23. FUNERAL DIRECTORS GIGNATURE DADDRESS 1240. RECID BY REGISTRAR'S SIGNATURE	-
S. A15M1	100	PATE 1-23-57 MUS HALLIN N. A.	25
SM 9755	1	July 1 million 1	-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Gu]				MARYL	AND S	TATE DEPARTM	ENT OF HEALT	H-BA	LTIMORE,	18	45.45	
A strictly Cl	parate	H	mas	ME	DICA	L EXAMINER'S	S CERTIFICA	TE OF	DEATH		00	005
e exe				3						Reg. Die		7
shou	M-	1.	PLACE OF DEATH B. COUNTY				2. USUAL RESIDENCE (V		sed fived. If institution b. COUNT			
m4 1		-	CITY OR TOWN III	Allegany	PHOAI	c. LENGTH OF STAY IN 16	11/1	d.		A.L.	Legai	
Page Page	02		cumber	rland	nyane.	53 yrs.	c. city or town (1)	erlai		KUKAL and	give neare	st tawnj
ctor.						pital, give street address)	d. STREET ADDRESS					IS RESIDENCE
The state of the s	.O.A.			cred Hear	t Hos	spital	/114 W.Fi	rst 8	St.			ON A FARM?
ny del	77		NAME OF DECEASED (Type or print)	Joseph	t	Anthony	Beck	4. DATE OF DEATH	Monti Jar		Day	Year 57
If only for ye reg		5. 3	EX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF	JNDER 24 HRS.
Foot #			male	white	WIDOWED		Aug. 1-1903		foet birthdoy) 53 yrs.	Months D	ays Ho	urs Min.
dead dead dead dead dead dead dead dead	,	10a	USUAL OCCUPATIO	ON (Give kind of work of life, even if retired)	ione 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	ar fareign	country)	I2. CITIZ	EN OF W	HAT COUNTRY?
be ond	/		Bartender	the, even it remed	S	oa Bar	Cumberla	nd, Md	l.	U.S	S.A.	
0 0	1	13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	NAME			-	
0 2 40 00	1			ny Beck			Mary Yo	ung				
CV C CV CV		15. {Yes		R IN U. S. ARMED FOR	envice)		IFORMANT		Address			
至法。	0		no			_4-05-436≵(w	ife)Evelyn	D.Be	eck, Cumb	erlar		
nted with 18. Gi m PM3. permit.				H [Enter only one cause was caused by the cause of the ca	e per line f		-3 · · · · · · ·				INTERVAL B	etween den
Form 1			1/9-	H WAS CAUSED BY:		Coronary oc	Clusion				s u	lden
in the			400.1	DUE TO		Coronary sc	lerosis				3 4	vrs.
old be encil i ong w uriol-tr			Canditions, if an	iate cause (,	
0 0 0 0			(a), stating the u	nderlying DUE TO		Myocardial	infarction					
icote sh ing" in Office od as o		Z		ER SIGNIFICANT CONE	ITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(n) 19 W	AS AUTOPSY
nding 's Of	0	ATIC									YES [RFORMED?
pend pend per 3	-	CERTIFICATION	20a. EXTERNAL CAU PRIMARY ☐ ar CON CAUSE OF DEATH.	SE WAS 206	. DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury in Part	I or Part	af item 18.)		1,20[7 1045
ard " Exomi			CAUSE OF DEATH.	TKIDOTING L								
Wall		MEDICAL	20c. TIME OF INJUR	Y Month, Day, Year			E OF INJURY (Home, farm ry, street, affice bldg., etc.	20f. (City	r ar tawn)	(Coun	ly)	(State)
MINI g the edice		ME	p. m.	19	While at war	k at work	y, ander, diffice diag., etc.					
KAN Hing			21. I certify the	at I took charge	of the re	emains described abo	re, held an Autopsy	/ [], lt	nspection 🐴,	Inquiry	力, ar	nd find that
N. W.			death resulted	from: Natural c	auses x	, Accident [], Suid	ide 🔲, Homicide	☐, U	ndetermined c	ause 🔲.		
cate, the C	7		ACTUAL /	1/11/	· V	747				*		
Hit on	d		SIGNATURE	Y-1.A.2	17644	-9 161-10.	M.D. CHIEF MEDICAL EX	_			ine.	TE SIGNED
AAL oval.			EXAMINER'S	77 Thanks	ND	T	ASSISTANT MEDICA	_	Section 1			
e th		220		V. Deming		To MANE OF CONSTRUCT	DEPUTY MEDICAL E			-1957		
O por po				, 22b. DATE THEREOF		CC Doton & F			TION (City, town, o		,	State)
- Box	~0		urial	I-7-57		SS Peter & F		Cumb BY REGIST	erland.	Mary L		
VS. A15ME(5)	Post		James F.	Scarpell	i Cu	mberland, Md.	120.	1 17)	0 57/4	1	(OF /	1-017
5M 9/55		-		dan	1.300		Now.	11/	And Mr.	X- //	ull.	Mary-N
				0.00	Part .			/	/			/

1500 Sey 35 A HE ~~ ~~ BUREAU V. S TEEL 9 WAL BREELAE

2 .V UAERIIE



ADDRESS

Lonaconing.

Md.

e IS RESIDENCE

30

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

YES NO T

Year

19 57

Rea. Dist. No.

Months

12. CITIZEN OF WHAT COUNTRY? U.S.A. Louise Nightingale "Son" Lonaconing. INTERVAL BETWEEN ONSET AND DEATH 3 days WAS AUTOPS PERFORMED? YES NO (County) (State) 195 Zthat I last saw the deceased __M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) Lonaconing, Md. 22d. LOCATION (City, town, or county) (Stote) Lonaconing Md. 24b. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR

15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

George Eichhorn

BRIEVA A. E.

_EB 2 182\

BECTIVED

Charles Com	90 FB	te	limits*	CERTIFICA	ATE OF DEATH	1—BALHMORE, 18	0008 eg. Dist. No.
be filed with			PLACE OF DEATH o. COUNTY Allegany b. CITY OR TOWN (If outside corporate fimits, write RURAL and give regarest town)	C. LENGTH OF STAY IN 16	a. STATE VI. Va.	here deceased lived If institution b. COUNTY Faulside carporate limits, write RURA	Kompshire .
by the fund d 2 should	· n	-	Cumberland d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION 502 N. Mechanic St		Rio d. STREET ADDRESS 85 X 3	hurai	e. 15 RESIDENCE ON A. FARM? YES 3 NO
fille gges you	-	1	NAME OF FIRST DECEASED JOHN		Ov.LIAN	4. DATE Month OF DEATH Jan. 4	Day Year 19 5 7
campletely papers. Po	1		Micle I, hite WIDOWE	DIVORCED	8 DATE OF BIRTH July 1 1-57 STRY 11. BIRTHPLACE (State	71 (ast birthday) Mr	UNDER 1 YEAR IF UNDER 24 HRS Onths Days Hours Min 12 CITIZEN OF WHAT COUNTRY?
an ond car arbon pap after death			FATMET O	wn farm	14. MOTHER'S MAIDEN N	W. VE.	USA
g physicic remave o	0	15. [Yes	Ceylon Bowman WAS DECEASED EVER IN U. S. ARMED FORCES? 16. In our unknown) It year, give wor or dates of service)	25.	Mart Mormant Mart Mart Mart Mart Mart Mart	Address Carchi	erlanu, md.
ine dearn ie attendin ien please int within?			18 CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).]	Scheren.		INTERVAL BETWEEN ONSET AND DEATH
equires that in. signed by the it permit. The			Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause tast. DUE TO DUE TO	(ly Henry	2 lus 20.	1) 2 2 4 x (Eq. 2 c)	yeru
The law r ng physicio s has been vurial-trans emaval, as	0	IFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT			N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
NSICIAN: ar attendir cert ficat se as the b ation, or r		MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year Hour a. n. Hour a. n.	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	20f. (City or fawn)	(County) (State)
FDING Fr haspital After this thed for u		ME	21. I certify that I attended the decease	ed fram	, 17.02-, 10	1/4 , 1957,th M, fram the causes and	at I last saw the deceased
OR ATTER ned by the NRECTOR: J be detacted by the british to be	1		ACTUAL SIGNATURE) 4		ADDRESS (Street, city or town, state A CC2- FAC St	
DSPITAL DE MINIMA DE MINIM		220	PURIL CREMATION 20h DATE THEREOG	L. Y JE,	Crematory	22d. LOCATION (City, town, or co	unty) (Stofe)
VS A15 (4)		23.	Lemoyal (Specify) 1/7/1957 FUNERAL DIRECTOR'S SIGNATURE V ade mcKee Augus	ADDRESS ta, V. Vo.	ery	Rio, N. Va.	R'S SIGNATURE f m h
15M 9/55	- 1		, cao monec - Pagus	out, the Villa		1,1937 W.A	Jones 181.2)

see 6 NAt





corpora	e I	lmitə	MARY	LAND SI		ATE OF DEAT	H—BALTIMORE, 1 H	Reg. Dist.	00010
)	1. P	LACE OF DEATH COUNTY	EGANY		MARYLAND	2. USUAL RESIDENCE (V o. STAJE MARYLAN	Where deceased lived. If institut b. COUNTY		, -
		RURX, and give no	LAND		LENGTH OF STAY IN 16	c CITY OR TOWN (IF	outside corporate limits, write I ERLAND	RURAL and give	nearest town)
U.,	C	NAME OF HOSPIT. OR INSTITUTION MEMORIAL	AL (If not in hospital, MEMORIAL & WARWICK	HOSPITA AVES	ess)	404 PENN	SYLVANIA AVE		e, 15 RESIDENC ON A FARM YES NO
	0	IAME OF PECEASED Type or print)	٨	ARY	Middle F	BRANT	4. DATE MOI OF DEATH JANUA		Day Yeor 5 1957
	5. S	EX FEMALE	WHITE	7. MARRIED WIDOWED	Mever Married	B. DATE OF BIRTH SEPTEMBER 1;	9. AGE (in years lost birthday) 2,1910 46 yrs.	Months Do	EAR IF UNDER 24 H
_ /	1	during most of work	ring life, even if retire	z43	o of Business or Indi staurant		LAND , Dawson		N OF WHAT COUN
1			AMUEL E. E			14 MOTHER'S MAIDEN EMMA MA			
	(Yes	WAS DECEASED EVE	R IN U. S. ARMED FC (If yes, give war or dates of	f service)	-14-5352	Robert B.	Brant, Cumber	Land,	id.
	NO	PART I. DEA /// X Conditions, if or gave rise to in code (o), stating lying couse lost.	the <u>under-</u>	(b) (c) (c) (c)			MINAL DISEASE CONDITION GI	7	a) 19 WAS AUTOP
		20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRIB	E HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port II of item 18.)		YES NO
	MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	Y Month, Day, Y	Tear 20d, INJUI White of work	Not while for	LACE OF INJURY IHome, for actory, street, office bldg., e	m, 20f. (City or town)	(Cau	nty) (Ste
1		21. I certify the alive on	at Lattended th		,	/ , 19 > 6 , ta h occurred at 6 : 50 M.D. / 2 ~ 4 . (A M, from the causes of ADDRESS (Street, city or town,	and on the	
	220	PHYSICIAN'S NAME (Type) BURIAL, CREMATIO			c. NAME OF CEMETERY		22d, LOCATION (City, town,	or county)	(Stote)
	23.	BUTTAT	Jan.7		Zion Memo	24n PF	Cumber lar	ISTRAPIS SIGNA	

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ilm comircina	to itentia. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
)	CERTIFICATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH a. COUNTY ALLEGANY 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY ALLEGANY
423	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CUMBERLAND
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MEMORIAL HOSPITAL d. STREET ADDRESS ON A FARM? YES \(\sum \) NO \(\sum \)
3	NAME OF DECEASED (Type or print) MARY ELIZABETH CARSCADEN 4. DATE Month Day Year OF DEATH JANUARY 26 1957
S	S. SEX FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH WIDOWED DIVORCED MARCH 31. 1908 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS log or
_/	100. USUAL OCCUPATION (Give kind of work done of the life, even if retired) 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 112. CITIZEN OF WHAT COUNTRY Street or foreign country) 12. CITIZEN OF WHAT COUNTRY STREET OF WHA
	THOMAS A. CARSCADEN 14. MOTHER'S MAIDEN NAME ELIZABETH RUPPERT
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address MEMORIAL HOSPITAL - CUMBERLAND, MD.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) RESPIRATION ONSET AND DEATH
1	493X DUE TO UREATIFY - Secondary 1 day
	gave rise to immediate cose (a), stating the under- lying cause last. OUE TO 17 talectasis & Precination Right Living Sugar
	PAST II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES BNO
120	20a. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture at Injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture at Injury in Part 1 or Part 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED Haur a. m. While at work at work at work at work at work
	21. I certify that I attended the deceased from, 12 couldn't 9 6, to Jan 26, 1957, that I last sow the decease
	olive on 1957, and that death occurred at 1:111A.eM, from the causes and on the date stated above ADDRESS (Street, city or town, state) ACTUAL ACTUA
100	PHYSICIAN'S DR. S. G. WEISMAN Cumberland, M.d.
2	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
2	Burial 1/28/57 Rose Hill Cometery Cumberland, Maryland B. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDR
F	100 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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ithin corps	PEL	OR. WEISMAN	YLAND STATE	ERTIFICA	TE OF DEATH	I—BAŁTIMO I	Reg. Dist. No	00012
led with	1.	PLACE OF DEATH O. COUNTY ALLEGANY		MARYLAND	2. USUAL RESIDENCE (WHO OF STATE MARYLA	ND b. C	institution: Residence before DUNTY ALLEGANY	ore admission)
should be		b. CITY OR TOWN (If outside corporate I RURAL and give represt town) CUMBERLAND	28	OF STAY IN 16 DAYS	E. CITY OF TOMMER	utside corporate limits LAND	, write RURAL and give ne	
d 2 sho		d. NAME OF HOSPITAL (IF not in hospito MEMORITAL HOSPITAL-M	I, give street oddress) EMORTAL &WAR	WICK AVE	S. II AR	CH STREET		e. IS RESIDENCE ON A FARM? YES NO N
, and a second	3.	NAME OF DECEASED (Type or print) SYLVES		Middle J	CLARK	4. DATE OF DEATH	JAN. 1	y Year 19 57
rs. Pag		MALE WHITE	WIDOWEDXX	DIVORCED 🔲	JANUARY 9 /	887 69	rthdoy) Months Doys	Hours Min.
death.		o. USUAL OCCUPATION (Give kind of wo during most of working life, even if reti Retired machinist	rk done 10b. KIND OF BU		MARY	LAND Weste		S.A.
re corbon	L	JOSEPH H.			14. MOTHER'S MAIDEN N			.ber_
ase remave car	11	WAS DECEASED EVER IN U. S. ARMED F is, no, or unknown) (If yes, give wer or dates NO g			IFORMANT DRIAL HOSPITAI	L-CUMBERLA	ND, MD.	
hen pleas		PART 1. DEATH WAS CAUSED BE IMMEDIATE CAUSE	10) Pulen	ond (c).]	Ellema		22.0	SET AND DEATH
ermit. T		Conditions, if any, which gove rise to immediate DUE	16) Corou	ony So	levorist	dusuffe	cery :	2 weath
ansit p	Z	lying cause lost. PART II. OTHER SIGNIFICANT C	(c) alter	G TO DEATH BUT!	NOT RELATED TO THE TERMI	Clerica NAL DISEASE CONDIT	ON GIVEN IN PART I(o)	19. WAS AUTOPSY
remayal.	TIF. CATION		1206. DESCRIBE HOW I	1. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	elefon, par	tarbly W	ultiple 4	PERPORMED? YES NO
0, 00	CAL CERTI	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAL IF EITHER, NOTIFY MEDICAL EXAMINE CO. TIME OF INJURY Month, Doy,		RRED 20e. PLA	CE OF INJURY (Home, form	, 20f. (City or town)	(County)	(Stote)
for use cremati	MEDI	Hour o. m.	While Not wh	ite loci	lory, street, office bldg., etc.		. (~7)	
fached buriol,		21. I certify that I attended t	1 1	nd that death		Office Hom the co	19,that lest s	
d be de prior ta		ACTUAL SIGNATURE	neisu	an .	no. 596	reene ST	Curber	aus sone
gistrar		PHYSICIAN'S 56 C	UEISMAN	MD		uærglæ	vd 1/	5-/5-7
Page The re-		o. BURIAL, CREMATION, 22b. DATE THE REMOVAL (Specify) 1/7/55	REOF 22c, NAME ROS	se Hill C	enetery		ntown, or county) nd Marylan 16. REGISTRAR'S SIGNATU	
15 (4) 9/55		Charles L. Ceorge	Cumber lane		10 ME/."	1,1957	W.R. Frau	ten MA.
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of 6 NAL

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00019
A Flint Wine	.6	OR. LEY 9 CERTIFICATE OF DEATH Reg. Dist. I	No.
Page 4	1.	PLACE OF DEATH COUNTY ALLEGANY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence be started with the county of th	petore admission)
deoth.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give nearest town) 6 DAYS RIDGELEY RIDGELEY	nearest town)
by the f d 2 shou		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL MEMORIAL HOSPITAL d. STREET ADDRESS MEMORIAL HOSPITAL	e. IS RESIDENCE ON A FAMILY YES NO
ille es (en		NAME OF DECEASED HARVEY GOLEMAN Lost JANUARY 13 (Type or print)	2 Yeor 19 57
d withir sletely f rs. Pag		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH (In years lost by hody) Nonth's Day Month's Day (In years lost by hody) Nonth's Day (In years lost by hody)	FAR IF UNDER 24 HRS ys Hours Min
ond comple bon popers er deoth.	100	during most of working life, even if retired)	N OF WHAT COUNTRY?
the Profes	13.	GEORGE W. COLEMAN ISABEL SHULER	
ng physici remove 72 hours	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address	D.
ottendi n pleos t within		IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Catalogue (Catalogue (NTERVAL BETWEEN
equires that the n. signed by the tit permit. The id in any even		Conditions, if ony, which gove rise to immediate coese (a), stating the under-lying couse lost. DUE TO Conditions, if ony, which gove rise to immediate coese (b). DUE TO (c)	0
physician. as been si ial-transit ioval, and	CERTIFICATION		19 WAS AUTOPSY PERFORMED? YES NO
lAN: Ti lending ficole h the bur or rem			
PHYSIC ol or at this certifies certifies certifies as ematian	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Count fociory, street, office bldg., etc.) p. m. 19 of work at work	nty) (State)
ending the pospit oched for ouriel, cr		alive on, 125/, and that death occurred at 5:10 AM, from the causes and an the	t saw the deceased date stated above.
OR ATTI		ACTUAL SIGNATURE Ses N. Seen Dr. M.D. 456 N. Centre St.	DATE SIGNED
To Soul		PHYSICIAN'S DR. LEO LEY Cumbulant hul	
O HOSPII D HOVE TO FUNE Poge 3 the regist	L	O. BURTONI, CREMAT OND 22b. DATE THEREOF SEMOVAL (Specify) SEMOVAL (a (Stole)
VS A1S (4) 1SM 9/S5	23.	FUNERAL DIRECTOR'S SIGNATURE LOC. Cumb. Ma 1240. REC'D BY REGISTRAR'S SIGNAL COMPANY 14 957 CUR France	as M.A.

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BECEINED

Within Mirpor	ett	limita	MARYL	AND S	STATE DEPART	ME	NT OF HEALT	H-BA	LTIMORE,	18	4	10014
∯ 28 €/			. ME	DICA	L EXAMINE	R'S	CERTIFICA	TE OF	DEATH	Reg.	Dist. No	10014
shauld be cremation		LACE OF DEATH	A17000	***	MARYLA	MID	2. USUAL RESIDENCE (V	Where deced	ased lived. If insti	tution: Resi		
iol,	b	. CITY OR TOWN (Allega If outside corperate I mill, write	RURAL	c. LENGTH OF STAY IN		c. CITY OR TOWN (II		rporate limits, writ	e RURAL o	nd give n	earest fawn)
Po Pur		Cumberl			14 days		, Ja	ckso	nville			
y is neg	•	01	olumbia Av		pital, give street oddress)		d STREET ADDRESS 303 S.IIcD	uff	Ave.			ON A FARM? YES NO
on delo		YAME OF DECEASED Type or print)	Fin Ora	ı	Middle Ola		Conner	4. DATE OF DEATH	Men	am.	22	Year 19 57
The far the range of fa	5. S	_		7. MARRII WIDOWEI	ED NEVER MARRIED [i	DATE OF BIRTH		9, AGE (In years last birthday)	IF UNDE Months	R 1YEAR Days	IF UNDER 24 HRS
d 3 to 4 3 to 2 with 2	10a	NALE USUAL OCCUPATION OF WORK	ION (Give kind of work d	lone 10b. 1	CIND OF BUSINESS OR IN	JA A	Y 11. BIRTHPLACE (Stole		country)	12. CI		F WHAT COUNTRY
ond ond			the Tropi	cal	Glass Co.		Elk Gard		d.	U	.S.1	1.
5 moy 2 moy	13.	FATHER'S NAME Geo	orge W.Con	ner			14. MOTHER'S MAIDEN N Amanda		e Sower	S		
Poge 5	{Yes.	WAS DECEASED EV	VER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.				Addres	_		2 267
G Give		Yes	ATH [Enter only one cour		2-10-8855	(p	rother)Ver	non	Conner,	Cumb		
m 18.			TH WAS CAUSED BY IMMEDIATE CAUSE (0)		Coronary c	cc	lusion					val setween t and death adden
in Itel with for		Conditions, if	DUE TO		Coronary s	cl	erosis					?
Signal Deviced		gove rise to imme (o), stating the couse last.										
ding" in s Office o	CERTIFICATION		HER SIGNIFICANT COND	DITIONS CO	ONTR BUTING TO DEATH &	IUT N	OT RELATED TO THE TERM	INAL DISEAS	SE CONDITION G	IVEN .N PA		P. WAS AUTOPSY PERFORMED? YES NO K
d 'pen miner'	CERTIF	200. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.	USE WAS INTRIBUTING 20t	DESCRIB	E HOW INJURY OCCURRE	D. (Er	ter nature of injury in Por	t i or Port I	l of item 18.)			
the war is 3 shou	MEDICAL	20c. TIME OF INJU		White			E OF INJURY (Home, form ry, street, office bldg., etc.		y or town)	(C	ounty)	(Slote)
Med		21. I certify t	hat I taok charge	of the t	remains described	abay	e, held an Autaps	у 🔲, Т	nspection 🔻	, (nqu	iry 📑	kand find the
No. William		death resulted	d from: Natural o	conses [* Accident .	Suic	ide 🔲, Hamicide	, U	Indetermined	cause [].	
rifficate to the ODREC		ACTUAL SIGNATURE	A/-11 DE	+1264	my MI-ZI		M.D. CHIEF MEDICAL EX	_				DATE SIGNED
noval la		EXAMINER'S NAME (Type)	H.V.Deming	M.D	Y		ASSISTANT MEDICAL		_	2-19	57	
o Forest		BURIAL, CREMATIC	ON, 226. DATE THEREO	F	22c. NAME OF CEMETERY		CREMATORY	22d LOCA	TION (City, town,	or county)		(Stote)
2 2		FUNERAL DIRECTO	Jan. 25,	1957	Madley Ce	met		D BY REGIS	Ley, Penr	ISTRAR'5 ₁ S		E /
/S. A15ME(5) 5M 9/55				rostb	org, Marylan	d.	SAM.	24,1	957 44	P- tre	2ms	1 M.
				t. 4. L.			0	-	/		0	7



OVERN A E

within 24 haurs

retained

197 A 1157 STA

BUREAU V. S.

Ouriside of O HOSHITAL BR ATTENDING BHYSICIAN: The low equires that the death certifical be exeruted within 28 haurs after death. Bod A may be getoined by the haspital or attending physician. O FUNY DIRECTOR: After this certificate has been signed by the attending physician and campletely fulk my by the functal director page 3 Trought be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in apy-event within 72 haurs after death. TO HOSHITAL BR ATTENDING EMYSICIAN: The fow Equires that the death certifical be exeruted within 2% heurs after death. Reg

VS A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00

CERTIFICATE OF DEATH

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n. Dist	M.	VV	0,1	į

		•	00	0=1(1111	10/11	the day to her barre			Reg. Dist	. No.	4
1/2	1. PLACE OF DEATH • COUNTY	An regary		MARYLA	[]	USUAL RESIDENCE	(Where decease	d lived If instituted b COUNTY		e gany	ision)
)	b. CITY OR TOWN RURAL ond give		s, write	c. LENGTH OF STAY IN	16	c city or town		prote limits, write Rl	JRAL and gr	ve nearest tow	in)
	d. NAME OF HOSP OR INSTITUTION	Winchester				d. STREET ADDRESS Winches	s ter Roa	d		ON.	SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	Fire Delph	ia	Middle May		Cuff	4. DATE OF DEATH	Moni Jan.	h	Doy 16,	Yeor 19 57
	s. sex r'e.nale	White	WIDOWE	<u> </u>]	Sept. 27,		lost birthdoy) 70 yrs		YEAR IF UND Doys Hours	Min
	100 USUAL OCCUPAT during most of wo 110USC1	rking life, even it refired)		kind of Business or 1 Own home	NDUSTRY	Grafton				EN OF WHA	COUNTRY
		y Luzader			1	4. MOTHER'S MAIDE Louis	en name a Ge1hai	usen			
,	15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or date, of in			Mr.	rmant Fatrick C	uff Cr	Addrosaptown,		land	
	PART I, DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	,	pe for (v). (b), and (c).]	cros	, 1-3				INTERVAL B ONSET AND	HTA3D C
	Conditions, if gove rise to cate (a), stating lying cause lost	ony, which immediate DUE TO									
	PART II. OI	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GIVI	EN IN PART	PERF	AUTOPSY ORMED?
	G (IF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED. (I	nter nature of injury	in Port I or Por	t II of item 18.)			
	ZOc. TIME OF INJU	10	While of work	Not while	e. PLACE factory	OF INJURY [Home, , street, office bldg.,	form, 20f (City etc.)	y or lown)	(Co	unty)	(State)
	21. I certify t	hat I attended the	decease	ed fram 3 - 0	eath a	, 19 <u>54</u> , ta_curred at <u>8:4</u>	5 PM, from	m the causes a treet, city or town, s	nd on the	e date stat	
†	SIGNATURE PHYSICIAN'S NAME (Typo)	Lewis Bring	s H	. D.	M.D		<u>Greene</u> berland			199au	57
	220. BUR AL, CREMAT REMOVAL (Specify Burlal	on, 226. DATE THEREO 1/19/57	F	St. Anbro				TION (City, town, a		(Sto	(e)
	23. FUNERAL DIRECTOR		inn [†] ioi	ADDRESS	and	790. 8	EC'D BY REGIS	TRAR 246 REGIS	TRAR'S SIGN		mx

DECEIVED V. S. NAIL

1. . . .

1			MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 18	114
W History	corpora	te.	MEDICAL EXAMINER	'S CERTIFICATE OF DEATH	18
d b	/ - \	_	19	Reg. Dist. No 4	
shauld cremoti			PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission of STATE 8.6.2 b. COUNTY 8.7.7 and 1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	1)
0.4			Allogany MARYLAND	Mu. Allegany	
ory, age uriol			b. CITY OR TOWN (If outside corporals limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give néarest town)	
28 . O	7.7	L	Cumberland	Lonaconing Lonaconing	
ctor ctor	,	3	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	ENCE 4RM?
dire.	D.O.	4:	at-Memorial Hospital	State St. YES N	0 3
de la			NAME OF First Middle DECEASED	Last 4. DATE Month Day Year	27
une une ege		-	(Type or print) Hannah May	Cutter DEATH Jan. 17 19	50
h for the		5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (in years IF UNDER 1YEAR IF UNDER 2. Institution Ins	
Fined if			female white widowed DIVORCED	March 7-1898 58 yrs. Months Days 100/13 Mill	п.
ded d 3		100	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU: during most of working life, even if retired)		JINTRY
Ser on be	- 1		Housewile Own Home	Lonaconing, Md. U.S.A.	
2,7		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
For John Pour			anknown Russell	Jean Russell	
Page oge			. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
el al la			no none (husband) Walter Cutter, Lonaconing, I	·id.
PA43			18. CAUSE OF DEATH [Enler only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH	
Per E Per	-		PART I. DEATH WAS CAUSED BY: Cerebral hem	orrhage (apoplexy) about 10 hrs.	
A Fe	1		33/X DUE TO		
in i	- /-		(B)	al vascular sclerosis ?	
enci ong uria			gave rise to immediate cause (a), stating the underlying DUE TO		
Short of o			couse lost. (c)		
#: G #: 5		0 N	PART II, OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTO PERFORME	OP\$Y
S O S	,	CERTIFICATION			o ⋤
per ner		FITS	20b. DESCRIBE HOW INJURY OCCURRED. PRIMARY GO CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury in Part I or Part II of Item 18.)	
This rd ' com old					
5 S S S S S S S S S S S S S S S S S S S		MFDICAL		LACE OF INJURY (Hame, farm, 120f (City or town) (County) (Society, street, office bldg., etc.)	tole)
the dice		ME	p. m. 19 al work al work		
KAN Ling			21. I certify that I taak charge of the remains described ab		d that
Wan Wan Pilet			death resulted fram: Natural causes 📑, Accident 🗌, Su	vicide, Hamicide, Undetermined cause	
ote.			1/1/1/2	DATE SIGN	en.
AED FFE P FE D IS			SIGNATURE JT (. K) SPTE may 176 RD.		10
2 3 7 4 3	į.		EXAMINER'S TY TO TO THE TOTAL TO THE T	ASSISTANT MEDICAL EXAMINER	
2:0:8			NAME (Type) IT . V . Demilig II. D.	DEPUTY MEDICAL EXAMINER 1 Jan. 18-1957	
FUT		220	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)	
5 , 5			Burial Jan 20 1957 Johnson Cem		
VS A15ME(5)		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S S. GNATURE	1
5M 9/55			George Eichhorn, Lonaconing, Maryland.	19,1957 CO.K. Trank, M.	0).

SECENT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Year

(Stote)

hours ofter death. 24 within HOSPITAL 15M 9/55

X

SP JEAN #2 SP SP & ST. W. W. 7261 88 NAI



INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00019

90 CERTIFICATE OF DEATH

Reg. Dist. No. /

	1. PLACE OF DEATH							
	COUNTY ALLE GAIN'S MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED						
	City (It outside corporate lymits, write RURAL) LENGTH OF STAY							
	OR end give neerest town) (In this place)	OR OTOWN / CL/ 1 1 A 3 S / 1	/					
	L- 6.6 1 1 1 1 1 1 1 1 1	N						
٠,	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (Il rural give tocation) ADDRESS						
	3. NAME OF (First) (Middle)		(Day) (Year)					
	(Type or Print) PARA DE 10		22 1957					
	5. SEX 6. COLOR OR RACE TO SINGLE, MARRIED, WIDOWED, DIVORCED, Specify A FREE TO JAK	F BIRTH 9. AGE lest birthdey 1. 1 1273 9. AGE lest birthdey Wonths Wonths	PEAR IF UNDER 24 HRS Days Hours Min.					
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, evan if OR INDUSTRY	11 BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT					
1	retired) / ARIJER PARIJE	ELLER RESIDENCE	COUNTRY? USA					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	many 1 Deirya	DHEBARA L	7-/-					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, ho, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS	je 1					
	(Yes, ho, or unk.) (If Yes, give wer or dates of service)	Martistal 1 = 1x. Z	Can 122 6 11 1					
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN					
	T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- 0/-	ONSET AND DEATH					
	* * * * * * * * * * * * * * * * * * *	10CANGESES	10423					
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)							
	TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.							
	190, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION		20. AUTOPSY?					
	CL ACCIPILITY MASS CINDENSING ITS A COLUMN TO A COLUMN		YES NO					
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.]	1c. WHERE DID INJURY OCCUR? (City or town) (County	y) (State)					
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a. INJURY OCCURRED While Not while et work at work	21F. HOW DID INJURY OCCUR?						
	22. I hereby certify that I attended the deceased from Harry	105/- 1 Day 27 107 1111						
		1956, to the 22, 1957, that I 1	ast saw the deceased					
4	alive on 27 , 19 and that death occurred at	4./M, from the causes and on the date stated 4/DDRESS (Street, city, town, state)						
ě	state // Japhos Doc	Siever, Corr, Town, siera)	DATE SIGNED					
1-53	23, BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR (CREMATORY LOCATION [City, town, or county]	7/23/3/ State					
A15C	REMOVAL (SPECIFY)	CALLIEF 1 1/2 34 A. 16	C. /					
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		DDRESS					
	DATE	IX soil you the wind to he will and the	Aist Maild					

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VS A15 (4) 15M 9/55

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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74 CERTIFICATE OF DEATH

MA

Reg. Dist. No.

V		
1	3	
(1	

a. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o STATE b COUNTY AT THE PROPERTY OF T								
	Maryland Allegany								
B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg	c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)								
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	, d. STREET ADDRESS IS RESIDENCE								
Miners Hospital	Allegany Street ON A FARM?								
3. NAME OF First Middle	Last 4 DATE Month Day Year								
DECEASED	uckworth Death 1/23/1957 19								
5. SEX d. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.								
Male White WIDOWED DIVORCED	4/2/1885 lost birthelpy) Months Doys Hours Min.								
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?								
Retired , Wva. Pulp & Paper CO.	Lonaconing, MD. U.S.A.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Simeon Duckworth	Margaret Stewart								
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no or unknown) (If yes, gave wor or dates of service)	. INFORMANT Address								
No 216-05-9623	Mrs. Sarah Duckworth. Lonaconong, MD.								
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	(WIFE) INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Conception	PART I. DEATH WAS CAUSED BY: Conceptive deput of Cure								
1/1 X DUE TO									
(Conditions, if ony, which) (b) Branchis	Conditions, if ony, which) the Branchisal Cottume								
gave rise to immediate DUE TO									
lying couse lost (c) Syperen	sucr - Essentia								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?								
3 434.1	YES NO								
OR CONTRIBUTING CAUSE OF DEATH	RED. (Enter nature of injury in Part I ar Part II of item 18.)								
	PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)								
Hour a. m. White Not while at work at work	foctory, street, office bldg., elc.)								
	56 19 to 1 .23 56 19 that I last saw the deceased								
	th accurred at HISPM, from the causes and an the date stated above.								
	ADDRESS (Street, city or town, stote) DATE SIGNED								
SIGNATURE JENGLE R. Miles	M.D.								
NAME (Type)									
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)								
Removal (Specify) 1/26/1957 Leurel Hi	ll Cemetery Moscow. MD.								
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE								
George Eichhorn, Lonaconing,	MD. DATE / 28-57 NU DAUNU A Ros								

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. E.

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		MENT OF HEALTH—BALTIMORE, 18
Cosposat	DR. WHITWORTH: 15 CERTIFI	CATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY ALLEGANY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE PENNSYLVANIA b. COUNTY C. C
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give recreat town) CUMBERLAND 4 DAYS	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
2)	d. NAME OF HOSPITAL (IF not in hospital the Pret oddress WARWICK MEMORIAL HOSPITAL AVES	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) BABY GIRL	Last 4. DATE Month Day Year Of DEATH JANUARY 8, 19 57
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED FEMALE WHITE WIDOWED DIVORCED	The same (OST DISTRIBUTE) David (House Astronomy
/	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.	
~ \	13. FATHER'S NAME KENNETH M. EMERCEK	14. MOTHER'S MAIDEN NAME BETTY LOU KENNARD
-/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (15 yes, give wor or dates of service)	7. INFORMANT Address MEMORIAL HOSPITAL-CUMBERLAND, MD.
~	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Lut Level (3 chantuck, Interval BETWEEN ONSET AND DEATH
	754. 2 DUE TO	with the same
	gove rise to immediate cottle (a), stoling the under-lying couse lost.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
		IRRED. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20d Hour a. m. 19 While Not while of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.)
		19, to, 19, that I last saw the deceased on the date stated above.
	ACTUAL SIGNATURE - Device: 1/ While	ADDRESS (Street, city or town, stote) DATE SIGNED
/	PHYSICIAN'S Fuller B. Whitworth	, M.D.
	224 BURIAL, CREMATION, 229. DATE THEREOF 220 MANS OF CEMETER PREMOVAL SIGNATOR AND 10.1957	expected Lendon, or softy, (State)
	23. PONERAL DIRECTOR'S SIGNATURE 1 ADDRESS ADDRESS ADDRESS	Ab. REC'D BY DESISTRAR 24b. REGISTRAR'S SIGNATURE
1	The state of the s	Jan 19 100 to painty m. W.

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hours ofter death

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HOSPITAL

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270. BURIAL CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY PROMOVAL (Specify) Burial 1-25-57 Methodist Cemetery Mt. Savage 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR 24b REGIST NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or DATE 1-25-57 Methodist Cemetery Mt. Savage 24d. REC'D BY REGISTRAR 24b REGIST NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or DATE 1-25-57 Methodist Cemetery Mt. Savage 24d. REC'D BY REGISTRAR 24b REGIST NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or DATE 1-25-57 Methodist Cemetery Mt. Savage 24d. REC'D BY REGISTRAR 24b REGIST NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or DATE 1-25-57 Methodist Cemetery Mt. Savage 24d. REC'D BY REGISTRAR 24b REGIST NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or DATE 1-25-57 Methodist Cemetery Mt. Savage 24d. REC'D BY REGISTRAR 24b REGIST NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or DATE 1-25-57 Methodist Cemetery Mt. Savage 24d. REC'D BY REGISTRAR 24b REGIST NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or DATE 1-25-57 Methodist Cemetery Mt. Savage 24d REC'D BY REGISTRAR 24b REGIST NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or DATE 1-25-57 Methodist Cemetery Mt. Savage 24d REC'D BY REGISTRAR 24b REGIST NAME OF CEMETERY OR CREMATORY 24d REC'D BY REGISTRAR 24b REGIST NAME OF CEMETERY OR CREMATORY 24d REC'D BY REGISTRAR 24b REGIST NAME OF CEMETERY OR CREMATORY 24d REC'D BY REGISTRAR 24b REGIST NAME OF CEMETERY OR CREMATORY 24d REC'D BY REGISTRAR 24b REGIST NAME OF CEMETERY OR CREMATORY 24d REC'D BY REGISTRAR 24b REGIST NAME OF CEMETERY OR CREMATORY 24d REC'D BY REGISTRAR 24b REGIST NAME OF CEMETERY 24d REC'D BY REGISTRAR 24b REGIST NAME OF CEMETERY 24d REGIST NAME OF CEMETERY 24d

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PECLINAL V. 2.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 William corporate limits **CERTIFICATE OF DEATH** Rea. Dist. No. director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) a. COUNTY L. COUNTALLEGANY ALLEGANY MARYLAND MARYLAND erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negress town) 100 2 HOURS CUMBERLAND. d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? HOSPITAL, MEMORIAL AVE. 224 GRAND AVE. YES T NO T 3. NAME OF Middle 4. DATE Month Day Year DECEASED BARY (Type or print) BOY GARLITZ DEATH JAN. 19 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Hours MALE WHITE WIDOWED [DIVORCED [10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) daying great of working/life, even if retired) 12. CITIZEN OF WHAT COUNTRY? MARYLAND U .S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GILBERT GARLITZ JULIA FADLEY IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address MEMORIAL HOSPITAL, CUMBERLAND, MD. ottending please 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a **DUE TO** Conditions, if any, which (b) gave rise to immediate **DUE TO** cottse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES T NO T 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at wark at work 21. I certify that I attended the deceased from. _____, 19___,that I last saw the deceased and that death occurred at 4:20AMM, from the causes and on the date stated above. alive on DATE SIGNED **ACTUAL** SIGNATURI **PHYSICIAN'S** B. M. SCHINDLER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) remation 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 20b. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

HOSPITAL

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			AND STATE DE				E, 18	000	30
thin corpor	ote limits VAN	ORMER &	20 CER	TIFICATE O	F DEATH		Reg. Dist.	No. 4	7
	1. PLACE OF DEATH D. COUNTY	LLEGANY	M.	ARYLAND 2. USUAL 0. STAT	RESIDENCE (Whe	re deceased lived If it b. CO	nstitution: Residence		on]
	b. CITY OR TOWN	(If outside corporate limits	c, LENGTH OF \$1	TAY IN 16 c. CITY	OR TOWN (IF OU LONACON	tside corporate limits, v	vrite RURAL and giv	e nearest town)	
S should	d. NAME OF HOS OR INSTITUTIO	N .	SPITALWARWICK		ADVOCA	TE COURT		e. IS RESIL	FARM?
	3 NAME OF DECEASED (Type or print)	Firs GORMAN	Mic Mic E	idle	Lost GETTY	4. DATE OF DEATH J	Month ANUARY	4.34	eor 9 57
	s. sex MALE	6 COLOR OR RACE WHITE	7 MARRIED NEVER MA		BIRTH UARY 23	9. AGE (In lost birt)		YEAR IF UNDER	R 24 HRS Min.
deoth.	100. USUAL OCCUPA during most de w	TION (Give kind of work dook no life, even if retired)	one 10b. KIND OF BUSINES Dentist	111	MARYLAND	r foreign country)	12. CITIZ	S.A.	COUNT
hours ofter de	13. FATHER'S NAME	LLIAM O. GET	TY	14. MOTI	HER'S MAIDEN NA	LICE KELLE	R		
20 4	15. WAS DECEASEDE	VER IN U. S. ARMED FORCE		NO. 17. INFORMANT MEMORIAL	HOSPITA	L-CUMBERLA	Address ND, MD.		
Truthin 1		EATH (Enter only one con EATH WAS CAUSED BY IMMEDIATE CAUSE (c)	ose per line for (o), (b), and	(c)] Hemor	rhage	Reline	ent,	INTERVAL BET ONSET AND	WEEN DEATH
ony event	Conditions, if	DUE TO	Corehal /	Lomonda	go, mth	toft Lom	plegia,	195	0
ond in or	gove rise to cosse (o), stati lying couse to	immediate DUE TO	Hen a	leur.	rlow	ais			
gvol, o	PART II. (OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATI	ED TO THE TERMIN	NAL DISEASE CONDITIC	N GIVEN IN PART	1(0) 19. WAS A PERFOR YES	KMED?
or rem	OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER	20b. DESCRIBE HOW INJUR	Y OCCURRED. (Enter not	ure of injury in P	ort I or Port II of item 1	8.)		
amotion,	20c. TIME OF IN.	n. 140	While Not while of work	20e. PLACE OF INJI factory, street,	URY (Home, form, office bldg., etc.)	20f. (City or town)	(Co	unty]	(Stote
uriol, cre	21. I certify	that I attended the 4 9 Gr.		hat death occurred		48 7 1	9,57,that I la	st saw the d	deceas
be defaction to bu	ACTUAL SIGNATURE	W. A-V	h Olm	7 M.D. C	-	ADDRESS (Street, city or			TE SIGN
stror pri	PHYSICIAN'S NAME (Type)	DR. VAN OR	MER						
poge the registr	Burial	1/17/19	57 Nemori	cemetery or cremato al Park		22d. LOCATION (City. Frostbur	g. MD.	(Stote	1)
(4) s e ⁴	23. FUNERAL DIRECT	EICHHORN	LONACON	ING? MO.	29ts. REC*D	BY REGISTRAR 246	REGISTRAR'S SIGN	NATURE	m

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								NT OF HEALT CERTIFICA		-	18 Reg. Dist. N	00031
		1, [LACE OF DEATH	llegany		MARY	LAND	2. USUAL RESIDENCE (Where deceo	ed lived. If Institute b. COUNT	1.7	efore odmission)
	afor "	b	. CITY OR TOWN I	If outside corporate limits, write	e RURAL	S5 yrs	IN 16	e. CITY OR TOWN (I		porate limits, write	RURAL and give	nearest lown)
or rond	on		NAME OF HOSPI	TAL OR INSTITUTION (Σx^{\dagger} ,	If nat in ho	pital, give street addres	16)	d. STREET ADDRESS	Ext	•		e, IS RESIDENCE ON A FARM? YES NO []
		1	NAME OF DECEASED Type or print)	James Sir		Middle		Grove	4. DATE OF DEATH	Jan	h Day	
			Lale	hite	WIDOWE			ar. 27,	1871	9. AGE (in years lost birthdoy) yrs,	Months Days	Hours Min.
	1	d	uring most of work	ION (Give kind of work ing life, even if retired)		al miner	INDUSTR	Laryland	, ,	ountry)		S. A.
safford			John Gi					Hestor		lark		
File p	, ^		me, or unknown)	VER IN U. S. ARMED FO If yes, give wor or dates of	service)	SOCIAL SECURITY NO. $13-12-949$		cott Grove	e Me	st rnro	rt, 1'd.	
L bermir				ATH [Enter only one con ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Aser	for (o), (b), and (c).])hykiation	1				INT	erval Between Set and Death Judden
	v′		Conditions, if gove rise to imme	idiote cause	Str	angulatio	n o	n food par	rticl	es		
5 0 D		Z	(o), stoting the couse last.	(c	DITIONS CO	ONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TERM	LNALDISEAS	E CONDITION GI	VEN IN PART I(o)	19. WAS AUTOPSY
	0	FICATION						Her noture of injury in Po				YES NO
		AL CERTIF	200. EXTERNAL CA PRIMARY 12 or CC CAUSE OF DEATH	· INTRIBUTING LA	Latin	g-food pa	arti	cles lodge	ed in	throat		
		MED CAL		Jan 3 19	57 While	Not while	Hom		iles	ternnor		(Stote)
								e, held an Autops ide , Homicide		nspection 🔝	_	, and find that
	gA.		ACTUAL T	4.V.D.	mi	ng m. Z	2,_	M.D. CHIEF MEDICAL E	XAMINER [DATE SIGNED
smoval.	20		EXAMINER'S H	.V. Deming	g-M. D).		ASSISTANT MEDIC DEPUTY MEDICAL			an 3,]	957
5)		1	BURIAL, CREMATINE REMOVAL (Special FUNERAL DIRECTO)	ON, 22b. DATE THEREO	7	ADDRESS	ERY OR C	24a. REC	22d. LOCA D BY REGIST	TION (City, 19wn,	e the	(Stote) TRE F. Of
5	1			100 00	1/2	ment	un	DATE /	- 7 -	5 /1 //		rug

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BUKEAU V. S.

DIACEDARD

7		MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	00034
* 2 E		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1. No. 9
should remoti	1, 7	PLACE OF DEATH 1. COUNTY Allegany Maryland 2. USUAL RESIDENCE (Where deceased lived. If institution: Resident country Allegany) MARYLAND Allegany Alleg	
10 0 m	- b	ALLEGANY MARYLAND IVID . ALLE CITY OR TOWN III outside corporate limits, write RURAL ord	egany give neorest town)
Page Page		Frostburg 46 vrs. 30 Frostburg	
irrector.	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) City Jail 66 Bowery St.	e. 15 residence On a farm? YES NO 📑
ny dela gistror		NAME OF First Middle Lost 4. DATE Month DECEASED Type or print) William Olin Gunnett DEATH Jan.	24 19 57
If or for for he re	5 \$	The state of the s	YEAR IF UNDER 24 HRS.
The H		male white widowed Divorced Feb. 4-1910 46 yrs.	
ded ded	10a	stripg most of working life, even if retired)	EN OF WHAT COUNTRY?
2, or 7, be ond		Civil engineer FrostburgmMd. U	.S.A.
\$ - 8 - 1)	10.	Olin Gunnett Annie Krause	
Poge 5		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address	
P. S.	[Tes.	yes W.W.2 236-12-8772 Brother-Harry M. Gunnett, Bal	timore, Ild.
P.M.3. O. G. M.3.		18 CAUSE OF DEATH [Enfer only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
per per		PART I. DEATH WAS CAUSED BY: Myovardial failure Myovardial failure	sudden
The fee		Chronic alcoholism	several
be mind with a solution of the		gove rise to immediate couse	years.
ould pen alan buri		(a), stating the underlying DUE TO	
fice of a contract of the state	Z O	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
ding ding	CATIC		YES NO
is cert	CERTIF	20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)	
ware ware should should be	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, factory, street, affice bidg. etc.) (Caur	nty) (State)
MINI Michel Mich	ME	p. m. 19 at work at work	
r Poe		21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry	*, and find that
TOR TOR		death resulted fram: Natural causes 💽, Accident 🔲, Suicide 🛄, Hamicide 🔲, Undetermined cause 🔲.	
MIDICOLUTIFICOLO IN		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
PUTY Semovol		EXAMINER'S H.V.Deming M.D. DEPUTY MEDICAL EXAMINER Jan. 25-1	957
ad of control of the		BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION; (City, town, or gounty) SEMOVAL Specify: 1-27-1457 Frestburg Manuscree Tristburg	1 Mel.
VS. A1SME(S)	23	FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGN	NATURE 1/10
SM 9/55		Joseph Care DATE ON MU 101	TEN IN THE

ENEEAU V. S.

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IARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
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CERTIFICATE OF DEATH

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Dist.		4

Ŀ	?: 8 U				Reg. Dist. N	0.
	o COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryland	ere deceased lived. If instituti b. COUNTY		
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostbure	c. LENGTH OF STAY IN 16		utside corporate limits, write R	URAL and give r	learest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Miners Hospital	oddress)	d. STREET ADDRESS	as Avenue		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) Christopher	Middle	Hendra	4. DATE Mor OF DEATH JRMURT		Day Year 19 57
	Male White WIDOWI			1904 9. AGE (In years last birthdoy) 52 yrs.	Months Days	AR IF UNDER 24 HRS Hours Min
	100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Watchman General Textile	KIND OF BUSINESS OR IND		or foreign country)		S. A.
	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AMÉ		
ŀ	John Hendra IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 117.	Janette I	iausman Add	ra44	
	(Yes, no, or unknown) (If yes, give wor or dates of service)	218-05-2924	Mrs. Margaret		" Wif	`е и
ı	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [6]	ne for (o), (b), and (c)]	Thromb	ris	10	NET AND DEATH
ı	F J / J / DUE TO					
l	gove rise to immediate couse (a), stating the under lying couse last.					
,	PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART III. OTHER SIGNIFI	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO 🔀
		CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	ort I or Port II of item 18.)		
l	20c. TIME OF INJURY Month, Day, Year 20d. It Hour o. p	Not white f	LACE OF INJURY (Home, form, octory, street, office bldg., etc.		(Count	y) (Stole)
ı	21. I certify that I attended the decease	ed from Lan 6	, 1957, to	an 8 , 195%	that I last	saw the decease
alive on Jan 8, 19, and that death occurred a South M, from the causes and on the day ACTUAL ADDRESS (Street, city or town, state)						
	PHYSICIAN'S Hildw Jane	WaltersN	1) Frost	burg m	d	
	220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 1/11/1957	Oak Hill C	or crematory emetery	nd LOCATION (City, town, o	or county)	(Stote)
1	George Eichhorn Lo	ADORESS		BY REGISTRAR 246, REGIS	STRAR'S SIGNAT	URE

A VEIDEN V. S.

BUREAU V. S.

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ر عبن ⊧	12.	E 80 CERTIFICATE OF DEATH Reg. Dist. No. 9
director		1. PLACE OF DEATH o. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany
merol d be fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) The art bases of
y the funeral director, 2 should be filed with		Frostburg 1½ days Frostburg d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Miners Hospital 85 Breadway e. IS RESIDENCE ON A FARM? YES \(\text{NO II} \) NO \(\text{III} \)
The second		3 NAME OF First Middle Last 4. DATE Manth Day Year
Pages		(Type or print) JAMES J. HITCHINS DEATH Jan. 25, 19 57 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
2 2		male white widowed Divorced 4-9-1889 lost building Months Doys Hours Min.
G = 5	1	100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Tri-State Mine & Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
icion ar e carba rs after		Owen E. Hitchins Nancy Powell
ng physic e remave 72 haurs	\$	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 214-05-6718 Mrs. Nancy Roe, Frostburg, Md.
The attending The please neyent within 72		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary Embolism Due to
ned by ? ermit]	Wings. And	Conditions, if ony, which to Pulmonary Emphysema 15 yrs
ion. In signanting		lying couse lost. (c) (c)
physic os ber iol-tra		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Thronic right heart failure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
ending ficate h the bur		20o. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
af or att		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w
te haspit After ached fa		21. I certify that I attended the deceased from August, 1952, to Jan. 25, 1957, that I last saw the deceased alive on Jan. 25, 1957, and that death occurred at 9:45PM, from the causes and on the date stated above.
ned by the	1	ACTUAL SIGNATURE MINISTERNATURE MINISTERNATURE 1/26/57
tror p		PHYSICIAN'S Martin M. Rothstein M.D. Frostburg, Md.
may be page 3 the regi		226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURIAL 1 28-1957 F'bg. Memorial Park Frostburg. Md.
VS A15 (4)		Burial 120-1957 F' bg. Memorial Park Frostburg. Md. 23. FUNERAL DIRECTOR'S SIGNATURE 240. RECUSTRAR'S SIGNATURE 240. RECU
15M 9/SS		DAIL TO THE TANK THE

BUREAU V. &

DATE

within 24 haurs

PECENTED IS &

92 CERTIFICATE OF DEATH

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Reg. Dist. No.....

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY ALLEGAMY MARYLAND	STATE 17,3 RY/A: SCOUNTY 17. GIAN
	CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR end/sive nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give neerest town) OR
	OR end/sive nearest town) TOWN (in this place) CONTROL OF CONTRO	YJOWN (RESAPTOWN
	HOSPITAL OR	, STREET (If rural give location)
~,	INSTITUTION OR STREET ADDRESS	/ ADDRESS
	3. NAME OF / (Fust) (Middle) /	(Lest) A. DATE (Month) (Dey) [Yeer]
	(Type or Print) - AU, A MAN H	LLEIS DEATH JAIV. 26 1957
	5. SEX 6 COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify), V. Paper) Jeft.	BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 ARS. Wonths Days Hours Min.
ı	10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS 1	11. B.RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
į.	done during most of working life, even if OR INDUSTRY	COUNTRY?,
	13. FATHERS NAME	- estorn (a. Penn P. USH
	S. MAN.	14. MOTHER'S MAIDEN NAME
	SILAS MAY	16-612-ABC; 7-4 18/ACT
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, Inductor unk.) (If Yes, give wer or deles of service)	17. INFORMANT & ADDRESS
`	11/6	Itomers the elis, Capateron / is
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	I show I lai.	und las States
	ANTECEDENT CAUSE (A)	7
	DISEASES OR CONDITIONS, IF ANY, (B)	at arteritablist rules a seas.
ı	STATING UNDERLYING CAUSE LAST, DUE TO	
	2608 19	
	TO THE DEATH BUT NOT RELATED TO THE	le nil. Lees
	DISEASE OR CONDITION CAUSING DEATH.	were in
)	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO I
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OF (NJURY street, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
-		TI. HOW DID INJURY OCCUR?
	M. et work et work	
	22. I hereby certify that I attended the deceased from 4/20	1950, to 1/2/2, 1957, that I last saw the deceased
П		
ž l		ADDRESS (Street, city, town, state) DATE SIGNED
2	" but countilly, 837 his M.O.	55 green 4. 1/28/57
	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, lown, or sounty) (Staye)
ğ	Truriel AMA 295V & WILLAM	Campley Milly Vor Py
2	724. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	Sky 28, 19, 5 Aboute Kithatt M.	Harrist Holling the Aman
1/	and the state of t	

DING PHYSICIAN OR HOSPITAL: The law requires that the death

ed within 24 hours

certificate be ex

TO FUNERAL PROCESS: The law requires that the death certificate be filed with the registrar within 7 = eurs after dea certificate has been executed by the attending physician and completely fill in by the funeral director, the third death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

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1/	-				MARYL	AND S	TATE DEP	ARTME	NT OF HEA	ALTH-	-BAL	TIMORE,	18	4) 4		
28	m 5"				. ME	DICA	LEXAM	INER'S	CERTIFIC	CATE	OF	DEATH	Reg. Dist.	_ U(शु142	
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pleo t sho crer			. 0	LACE OF DEATH	_Allegany			ARYLAND	o. STATE	Md.		b. COUNT				
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cess P. P.					tburg		69 yı			stbu	ırg					
is ne ector	D 0	Λ			ral or institution (i s Hospital		itat, give street a	ddress)	50 Bea		2+			0	RESIDENCE	
ilay or p	D. O.	- E		AME OF	S HUSPI Val		Midd	<u> </u>	Lent		DATE	Manth		Day	Year	
ny de	e ^{ag} E		- 0	POEASED ype or print)	James	•	Alfre	_	Jeffries		OF DEATH	Jan		2	19 57	
If or for for he re		ľ	5. 5!	X	6. COLOR OR RACE	7. MARRIES		RRIED 🔲 8.	DATE OF BIRTH			9. AGE (In years sign burthday)	IF UNDER TY		NDER 24 HRS.	
# to # Fred # ≠ d				male	white	WIDOWED	_		Aug.8-18			69 yrs.	Months Do	ys Hour	ns Min.	
and 3 ond 3 or reto	Reti		10a. GÖ	USUAL OCCUPATION MOST OF WORKS	ON (Give kind of work on life, even if retired)		of Business Lf emp.		ry 11. BIRTHPLACE Frost				U.S		AT COUNTRY?	
1, 2, 10y H		Ì	13.	FATHER'S NAME					14. MOTHER'S MAI							
Bes ges s 5 m	* 4		10	Alfred		care l				у Ја	ane	Davis				
Pogralie p	1 17	XI		no, or waknown)	FR IN U.S. ARMED FOI (If yes, give wor or doler of a	(CES7 16. 5	OCIAL SECURITY		rother)	(7144	et on	Address D. To-f-f	'mior	Unoc	thune	
A Giv	1	胩	-	YES	TH [Enter only one cou	e per line fo	or (a). (b), and (c)		rocuer)	0.1.1.1	r 6011	D.OGII		INTERVAL BEI		
Para Para Para Para Para Para Para Para	***************************************				TH WAS CAUSED BY:	_	oronar	-	lucion					SUG	den	
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oenci lang lang				gove rise to imme (a), stoting the												
in process		7	z	PART II. OTI	(e). HER SIGNIFICANT CONE	ITIONS COL	NTRIBUTING TO D	DEATH BUT N	OT RELATED TO THE	TERMINA	L DISEASE	CONDITION GIV	EN IN PART 1	01 79 WA	S AUTOPSY	
ing" Offi		2	ATRO	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					0. 122.020.10) = //// (I)				PER YES [FORMED?	
is certiful pend miner's d be us			0101020	CERTIFIC	PRIMARY OF COLOR	USE WAS NTRIBUTING []	DESCRIBE	HOW INJURY OF	CCURRED. (E	nter nature of injury	in Part I a	or Port II	of item 18.)	· · · · · · · · · · · · · · · · · · ·	. _	- 40-
Ward Ward Exa Shaul			MEDICAL	ZOC. TIME OF INJU	RY Month, Day, Yea	1	JURY OCCURRED	20e PLAC	E OF INJURY (Home	e, form,	20f. (City	or town)	(County	7)	(State)	
the the dical			MED	Hour o, m, p, m,	19	While of wor	Not while of work		iry, illesi, citice bio	g., arc.)						
MAN ifing Me Reg					hat I took charge							spection 🛣,	Inquiry	e and	d find that	
All El				death resulted	from: Natural	couses 3	, Accident	. Suid	ide 🔲, Hom	icide [], Ur	determined c	ause 🔲.			
HIDICA Hificate To the H		1		ACTUAL SIGNATURE	H.V.D.	2-y-ren	ng 71	1-10.						DAT	E SIGNED	
he con		-		EXAMINER'S NAME (Type) H	.V.Deming	M.D.	7		ASSISTANT A			I Jan. 2	-1957			
cote for F	<u> </u>		22a.	BURIAL, CREMATIC REMOVAL (Specify)	ON, 226. DATE THEREO	F Z	2c. NAME OF CE	METERY OR	CREMATORY	22	d. LOCAT	ION (City, tawn, o	or county)	[5	late)	
2 2				urial	1-4-57		F bg. 1	Memor:	ial Park			rostbur		Md.		
VS. A15ME(5)			43. f	UNERAL DIRECTOR $J.R.]$		Fros	tburg,	Md.		. REC'D B'	Y REGIST	RAR 246. REGIS	TRAR'S SIGN	ATURE	1/2	
5M 9/55	144	F		V 0 200 3	200 0 0 9		00000		DA	TE / -	7-5	1 NUS	Mull.	11/	11186	

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
A SE	27 CERTIFICATE OF DEATH Reg. Dist. No.
Page director	1. PLACE OF DEATH a. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If nititution Residence before admission) a STATE Maryland b. COUNTY Allegany
death.	/b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cumberland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
by the	d. NAME OF HOSPITAL (If not in hospital, give street address) OR NSTITUTION Allegany County Infirmary 110 Elkton Place •. IS FESIDENCE ON A FARM? YES \(\sum NO \sum
s con 24 hou	3. NAME OF DECEASED (Type or print) William C. Keller OF January 20, 1957
d within oletely f	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. B. DATE OF BIRTH White White NEVER MARRIED DIVORCED \$\infty\$ 5/2/1883 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In years If UNDER 1 YEAR IF UNDER 24 HRS In years If UNDER 1 YEAR IF UN
nd compage and compage death.	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired: Heater Tin Mill Worker Cumberland, Maryland U. S. A.
ician an	Joseph Keller Harriet Crawfish
ng physer remov	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT P.O.Box 599 Address Cumberland, Md Allegany County Infirmary Records
attendi n pleas t within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), odd (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH OLD AUGUST ONSET AND DEATH
by the lift. The	Conditions, if any, which) the Clean of Survey of the Sur
requires	gave rise to immediate cause (a), stating the under- lying cause last. (c) DE TO C) Chrone to accept the blittines?
physici tas beer rial-tran naval,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
tending ficate by the bu	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC of or of this cert this cert this cert this cert this cert this cert	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 4 factory, street, office bldg., etc.) 5 factory, street, office bldg., etc.)
NDING * Haspith * After 1 Ched for	21. I certify that I attended the deceased from 1/8/57, 19, to 1/20/57, 19, that I last saw the decease alive on 1/20/57, 19, and that death occurred at 8:18PM, from the causes and on the date stated above
d by the ECTOR or to but to but	ACTUAL SIGNATURE ACTUAL SIGNATURE SI
TAL O	PHYSICIAN'S Dr. J. E. McLean Cumberland, Md.
HOSP May FU he regit	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Jan. 23, 1957 Rose Hill Cemetery Cumberland, Maryland
VS A15 (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James F. Scarpelli, Cumberland, Maryland. 240. REC'D BY REGISTRAR'S SIGNATURE ADDRESS ADDRESS ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE ADDRESS ADDRE

ELTERN V. S.

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	3/		۸	AARYLAND STA	ATE DEPARTM	ENT OF HEALTH	I-BALTIMO	ORE, 18	0	0045		
4 .		7		82	CERTIFIC	ATE OF DEATH	1	Re	g, Dist, No.	9		
Page	Page X	ì	PLACE OF DEATH o. COUNTY Allegany		MARYLAND	2 USUAL RESIDENCE (WHO o. STATE	b	If institution: I	4 7 7			
<u> </u>	(≡ y \ \\ 9	F	b. CITY OR TOWN (If outside cor	porote limits, write c. LE	NGTH OF STAY IN 16	Mary] and		its, write RURA	ALLOGAN L ond give nearest			
dec dec	P P		Fros thurg		5 days	22 Frostb	urg					
rs offe by the	2 sho		or institution Miner's Hos		55)	d. STREET ADDRESS	treet			RESIDENCE N A FARM?		
2	N.	3	NAME OF DECEASED	First	Middle	Cort	4. DATE	Month	Day	Yeor		
n 24	-	L	(Type or print) Henry	J.	Kelsh		OF DEATH	Jan.	28	19 57		
2	6	S	SEX 6. COLOR	OR RACE 7. MARRIER		8. DATE OF BIRTH	9. AGE lost	(In years IF (UNDER I YEAR IF U			
) 100 To	ź			Foredwipower 🗆	DIVORCED 🗍	Feb. 17.	1898 58	59 yrs.				
josa la	ogh.	/ l'	USUAL OCCUPATION (Give kind during mast at working life, eve	n if refired)	_				12 CITIZEN OF W	HAT COUNTRY?		
N TO	r de	1	Minster FATHER'S NAME	ĨÑ.	E. Church	Olar, S.		<u> </u>	U.S.	Α.		
<u>ة</u> و	To # _	1		200								
riticate	S &	11:	Jacob Kear		AL SECURITY NO. 117.	Anna St	rolman	Address	Washii	igton		
ב ה מ	2 5 %		Yes World	War #1 21	7-10-2835	Grayson J.	Kelsh_20	סק קינר	rry St.	D. (
t t	hin hin	-	18. CAUSE OF DEATH [Enter			01 0 70 0 11 0 1	TO POIL TO	<u> </u>		BETWEEN		
a	E .	1	PART I. DEATH WAS CA	USED BY: CAUSE (o)	ilvar	u a			INTERVAL BETWEEN ONSET AND DEATH			
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ž ž	nit.		Conditions, if ony, which	(b) Can	Lovescu	landese	del		Oh	rdeli		
	od in o		gove rise to immediate to cotse (a), stating the under- (lying couse last.	DUE TO						L		
Sicke	ol, a	3	PART II OTHER SIGNIFIC	CANT CONDITIONS CONTE	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN	GIVEN IN PART (a) 19 WAS AUTOPSY PERFORMED?			
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to at	o di co	1	20c. TIME OF INJURY Month,	Day, Year 20d, INJURY White	OCCURRED 20e. PL	ACE OF INJURY (Home, form clory, street, office bldg., etc.	, 20f (City or tow	n)	(County)	(Stote)		
T of	Tem Tem	1007	p. m.	19 of work 🔲	of wark							
ig spi	ol, o		21. I certify that I after	ided the deceased fr	am 724 15	19,57,10	2425	. 19 <u>.5 7</u> 11	nat I last saw t	he deceased		
Pe Pe	buri		alive an truy	ZS , 1935	, and that death	accurred at			an the date si			
d by r	be del		ACTUAL SIGNATURE	Et cevi	e	M.D. 2.B.	ADDRESS (Street, cit	y or lown, stole	withe	DATE SIGNED		
retaine	ould strar pr		PHYSICIAN'S TO	14 B. D	9 115,14	D.	Ĵ	7′	1/2	9/5 >		
2 0 2	D	2	BURIAL, CREMATION, 226. DA	TE THEREOF 22c.	NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C		,,	Stote)		
■ 6 E	Pag	_	Burial Feb		Arlington	National			D. C.			
- 1		23	FUNERAL DIRECTOR'S SIGNATUL	A A • O	ADDRESS	240. REC'I	D BY REGISTRAR	246 REGISTRA	R'S SIGNATURE	21/1		
15M 9	\$ (4) 7/5\$	L	Jean H. n	rattingly	. 23 Emai	PATE X	-1-57	Mes	MILLEL	XIII		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 lite momantice ite CERTIFICATE OF DEATH Rea. Dist. No. . director, 1. PLACE OF CEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed **b.** COUNTY MARYLAND laryland Allegany Allegany funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) plaays Od Cumberland thurmerland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 105 Frederick St. YES NO Sacred Heart Hospital NAME OF 4. DATE Middle Year DECEASED (Type or print) DEATH 19 57 Hattie Kerns January .36 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12 8. DATE OF BIRTH 5. SEX 9. AGE (In years lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED | DIVORCED | Famala Tibita poperi 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Private homes and carban | Housework Mary land H.S.A. 13. PATHER'S NAME 14 MOTHER'S MAIDEN NAME physician maye Robinstte Barrid L. Karns TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Patient's Chart 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH FART I. DEATH WAS CAUSED BY: Cerebral Vascular Accident da∵s DUE TO Arteriosclerosi s mycash i Conditions, if any, which) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO K 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o m. While Not while of work of work 21. I certify that I attended the deceased from 1-26 ___, and that death occurred at 2:300 M, from the causes and on the date stated above. alive on -DIRECTOR ADDRESS (Street, city or town, stote) **DATE SIGNED** 62 Greene St. PHYSICIAN'S Lall h 4. Callin, I.J. Cumberland, id. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) 1957 Rose Hill Cemetery Burial Cumberland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 2454 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE John J. Hafer, Cumberland, Maryland.

within 24 haurs after

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HOSPITAL



6 B 6	corpor	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.	147
shauld be cremation,	(M)	PLACE OF DEATH o. COUNTY Allegany Maryland 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admit o. STATE Md. b. COUNTY Allegany	ission)
Page /	,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to Cumberland 8 yrs. Cumberland	wn)
y is nec director. les. prior to	10	ON Doyton Place	A FARM?
uny dele		(Type or print) Shirley Jean Kerns Of Jan. 31	^{(eor} 57
to the formed for ith the r		female white widowed Divorced Carch 9-1929 27 yrs. Months Doys Hours	ER 24 HRS. Min.
fter dec , and 3 be reta and 2 w	./	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) U.S. A. Newark, Ohio U.S. A.	COUNTRY?
24 hours o Pages 1, 2 age 5 may	i)	Harold Preist Goldie Nichols	
Cive Page 3. Page 3. File po		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 10 for process 10 forces 10 f	
m 18. arm P.M.		IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Brain tumor with hemorrhage	ATH
be execute in the symptoms in the followith for the party of the party		Conditions, if ony, which gove rise to immediate couse	
should in pend ce alang a burie		(c), stoting the underlying DUE TO couse lost. (c)	3.11T/OREV
rtificate inding'' r's Offic used as	2	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	NO []
ord 'pe examine		PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, 120f. [City or town)	(State)
MINER of the wedical ledical lab		Hour a.m. While Not while foctory, street, affice bldg., etc.) p. m. 19 of work to twork	
AL EXA		21. 1 certify that I taak charge of the remains described abave, held an Autapsy 🖹, Inspection 📑, Inquiry 🔼, and I death resulted fram: Natural causes 💽, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined cause 🔲.	tin d that
AEDIC ertificati fa the L DIREC	a	SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	IGNED
SENTY SEPUTY SA SA SEMOVE	Ť	EXAMINER'S H.V. Deming M.D.V DEPUTY MEDICAL EXAMINER Jan. 31-1957	a)
TO T	r	REMOVAL (Specify) Burial Feb. 2. 1957 Woodrow Cenetery Paw Paw, West Virginia FUNERAL DIRECTOR'S SIGNATURE ADDRESS 249/ REC/D BY REGISTRAR 246. REGISTRAR'S S GNATURE	-
VS. A15ME(5) 5M 9/55	6×	Silcox Funeral Home, Cumberland, Maryland. Fach. 1,1917 W.R. Frank, 1	M.L

BUREAU V. A.

£**EB** ♥ 132\

BECEINED

MS V-LV LYNAI
TOOL PI NAI
TOOL PI NAI

VS A15C 1-55 10M -

The 4

After this TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 7. News effect leath. After leath. After certificate has been executed by the attending physician and completely filled in my the funeral director, the third copy. Jean certificate assemily should be letached for use as a bunial transit permit.

1

PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No....

2. USUAL RESIDENCE (HOME) OF DECEASED

COUNTY Allegany	MARYLAND	STATE MD.		Allegany				
CITY (If outside corporate limits, write RURAL OR and give neerest town)	(in this place)	CITY (Il outside corporate fimits, write RURAL end give nearest fown)						
TOWN Frostburg		TOWN Fros	stburg. R. I	F-D- # 1				
HOSPITAL OR	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	STREET	If surel giv					
INSTITUTION OR STREET ADDRESS Miners Hospital	- 7	ADDRESS						
	(Mrddle)	(Lost)	4. DATE [Mon	th) (Day) (Year)				
DECEASED			OF DEATH	4-4				
Magaztena		ierfeld		L/9/1957 19				
S. SEX 6. COLOR OR 7. SINGLE, MARRI RACE WIDOWED, DIV	ORCED.		9. AGE fest birthdey	Months Deys Hours Min.				
Female White Specifyide	owed Nov.	21 1885	71 yn.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR	D OF BUSINESS	11. BIRTHPLACE (Stele or for	eign country)	12. CIT.ZEN OF WHAT COUNTRY?				
seater d)	one	Echart. MI	٦.	U.S.S.				
13. FATHER'S NAME	764.0	14. MOTHER'S MAIDEN						
Commod Voumoff		Told such as	th Visleanh de	200				
Conrad Kaumaff 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO.	1 17. INFORMANT &	ADDRESS ADDRESS	ser				
(Yes, no, or unk.) (If Yes, give wer or dates of service)								
NO	NONE		Landerfe					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION	1 2-1	ONSEY AND DEATH				
	(Mc mines	· Lorent C	melalosi	2 6 mass				
MAMEDIATE CAUSE (A)	JELVENA	1 0 0	7000	- Work				
ANTECEDENT CAUSE(S) DUE TO		*						
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE TATALIC UNDERLYING CAUSE LAST DUE TO			-					
STATING UNDERLYING CAUSE LAST. DUE TO								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH								
19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?				
				YES NO				
216. ACCIDENT WAS UNDERLYING 216. PLACE (Home of Contributing CAUSE OF DEATH OF INJURY street, of the contribution of the		RIG. WHERE DID INJURY OCC	UR? (City or town)	(County) (State)				
		21f. HOW DID INJURY OCC	UR?					
M. et w	ork Not while							
22. I hereby certify that I attended the decea	sed from 11 LE	1 , 19.56, 10	eu 9 105	, that I last saw the deceased				
	that death occurred at	2:000	and an the a	data stated above				
alive on, 19.3, and	mai deam occurred as		ORESS (Street, city, tow)					
Bo toures, in	1	a P . //	F-7	(n /1/5				
23. BURIAL CREMATION, REMOVAL (SPECIFY) ATTEMPT DATE THEREOF	7	CREMATORY	LOCATION (City, town					
Burial 1/12/1955	German Lu	theran Ceme	tery. Fros	stburg, MD.				
24. REC'D BY REGISTRAR REGISTRAR'S S GNATURE		25. FUNERAL DIRECTOR		ADDRESS				
lack an Man Mana	. 1/ 1	Coorge Fi	chhora. Lo	neconing. MD				

EUDEUN K. Z.

DECEDATE NAL

Vithun corporate	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0050
8 8 18	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist	
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of COUNTY	
Page 4	b. CITY OR TOWN (If publicle corporate limits, write RURAL and good give negretal found) Cumberland	
is nece rectar. as. orior to	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Lemorial Hospital 7 4 4 3	IS RESIDENCE ON A FARM? YES NO NO NO NO NO NO NO NO NO
gistror g	3. NAME OF HARVEY First DENZI Middle Loss 4. DATE Month OF Jane	Doy 8 Year 18 19 57
o the furned for the re-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years) IF UNDER 19	YEAR IF UNDER 24 HRS. Oys Hours Min.
ond 3 to	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)	EN OF WHAT COUNTRY?
s 1, 2, s may b ges I an	13. FATHER'S NAME Harry Leydig 14. MOTHER'S MAIDEN NAME Nyrtle May	
File page	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No No No No No No No No No	
m PM3.	1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Respiratory failure	interval Between onset and Death gradual
in Item 1	Conditions, if ony, which) Broken neck with serverence of cervicle	
pencil olang v burial-i	gove rise to immediate cause (a), stoling the underlying couse last. (c) COPd.	42 days
ling in Office of Collins of Coll	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES R NO
Tipend dipens	200. EXTERNAL CAUSE WAS PRIMARY POR CONTRIBUTING DE CAUSE OF DEATH. 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port Lor Port II of Item 18.) & PINNEY POR CAUSE OF DEATH. EXCESSIVE Speed on curve, hit utility pole, the contribution of the contrib	d under ca
he ward cal Exa 3 shaul	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Count Hour o.m. While Not while	(Stote)
riting the Page	21. I certify that I took charge of the remains described above, held on Autopsy 🖈, Inspection 🚺, Inquiry	*, and find that
cate, w	deoth resulted from: Noturol causes . Accident * Suicide . Homicide . Undetermined couse .	DATE SIGNED
KAL DII	SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	
T remo	NAME (Type) H. V. Deming M.D. DEPUTY MEDICAL EXAMINER T Jan. 19-195' 220. BUR.AL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY, 22d LOCATION (City, fown, or county) REMOVAL (Specify)	(State)
75. A15ME(5)	23. FUNERAL DIRECTOR'S SIGNATURE / 4 ADDRESS 240 REGISTRAR 246. REGISTRAR'S SIGN	ATURE 1
5M 9/55	Harvey H. Lugles Syndmon, la Jan. 20, 1954 W.R. FR	anh. M.D

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 William corporate linus **CERTIFICATE OF DEATH** Reg. Dist. No. I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY **b.** COUNTY ALLEGNNY MARYLAND MARYLAND ALLEGANY b. CtTY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and DIMBERLAN 5 DAYS CUMBERLAND d. NAME OF HOSPITAL (If not in hospital give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM 424 ARCH ST. YES NO 3. NAME OF First Middle Lost 4. DATE Month Doy DECEASED DEATH (Type or print) CORA LINN **JANUARY** 6 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost hirthdoy) Months FEMALE WHITE KKANWOON APRIL DIVORCED | YES 100 USUAL OCCUPATION (Give kind of work done 10b. KIMD OF BUSINESS OR MODUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) WEST VIRGINIA U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARCELLUE SMITH MARGARET KELLY IS WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address MEMORIAL HOSPITAL, CUMBERLAND, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO alhretis Conditions, if any, which] gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Day. 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour p. m. Not while of work et work p, m 21. I certify that I attended the deceased from ...that I last saw the deceased alive an and that fleath occurred attack M, from the causes and on the date stated above. ADDRESS (Street, city-6) DATE SIGNED ACTUAL SIGNATUR DR. R. J. WILLIAMS NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) Hillcrest Burial Par. Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24q. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE James F. Scarpelli, Cumberland, Md.

15M 9/55



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BUREAU V. S.

DECENDED.

Within corporate	Al- in	MARYLA	ND STATE DEP	ARTME	NT OF HEALT	TH-BALT	MORE,	18	00053	
	HALLES	MED	ICAL EXAM	INER'S	CERTIFICA	TE OF D	EATH		4	
should by	1 PLACE OF DEATH		2/		A Hellas premeries	mask b a	1° 5 AF 1 473	Reg. Dist.		_
should should cremati	COUNTY	A 7 7	9.3	MARYLAND	2. USUAL RESIDENCE	Va.	b. COUNT			4
6.4	b. CITY OR TOWN #	Allegany outside corporate limits, write RU			c. CITY OR TOWN (ata limita maita	" Mine		_
Ssary, Poge burial,	Cumber						ne imila, write	KOKWE and BI	se segress sown)	
(D)			10 da of in hospitol, give street o		Wiley d. STREET ADDRESS	rora			e IS RESIDENC	C.E
r is nector. rector. es. prior to		Hospital				ton St.			YES NO	M?
eloy Elegan	3. NAME OF	First	Midd	le	Last	4. DATE	Manth		Day Year	Lar
P Au	(Type or print)	Oscar	Ed.		Long	OF DEATH	Jar		.9 19 57	7
o fur far he re	5. SEX	6 COLOR OR RACE 7.	MARRIED NEVER MA	RRIED 8.	DATE OF BIRTH		AGE (In years	IF UNDER THE	1 / / / /	tRS.
The The	male	white w	DIVOR	CED 🔲 ()	ct23-189	99	losi birthday) 「ワーyrs。	Manths Day	ys Hours Min	
deoth retains	100. USUAL OCCUPATIO	N (Give kind of work don	105. KIND OF BUSINES	OR INDUST	Y 11. BIRTHPLACE (Stat	e or foreign coun	lry)	12. CITIZE	N OF WHAT COUNT	TRY
ond ond	Brakeman	g ma, even n remed,	B&O.R.Ry.		Cumberla		Md.	U.S	. A .	
5.6-	13. FATHER'S NAME				14. MOTHER'S MAIDEN					
i haur oges i je 5 m poges		iel Long			Agnes	Geor	g e			
C4 0 0 0	15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	(m)		FORMANT		Address			
Give	nol	none	-1 214-05-9:	277 He	morial Ho	spital	record			
P. C. W.			per line for (a), (b), and (c						INTERVAL BETWEEN ONSET AND DEATH	
en e	PARI I, DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE (a) _	Myocardial						Gradual	<u>L</u>
exec the full familians of the familians	420.1	DUE TO	Diffluse co	ronar	y scleros:	is				
Series Series	Conditions, if or gave rise to immed		Cardiac di	Tatat	ton & Hype	ertropn	Т.		?	
pend long ourig	(a), stating the u		Pulmonary	infa	rction(b	ilatera	7)		2	
in i	Couse last.	FP SIGNIFICANT CONDITI	IONS CONTRIBUTING TO I					Cal (a) DART 1/	ol 19 WAS AUTOPS	
Ecological de la cologica de la colo	PART II. OTH	er 3/0////ONITIONITI	CONTRACTOR OF THE PROPERTY OF	DETAIL BOT 14	OF RELATED TO THE TERM	WITAVEDIDENDE CO	NOITION OF	EN IN PART I	PERFORMED?	
endi ers	20g. EXTERNAL CAU	SE WAS 20b. 1	DESCRIBE HOW INJURY O	CCURRED. (Fr	ster nature of injury in Po	ed Loc Port II of i	Inco IR)		YES NO	
S of the	PRIMARY TO OF CON CAUSE OF DEATH.	TRIBUTING P			car, East			מ כו הגי	77 77	
. Th	S 20c. TIME OF INJUR		20d INJURY OCCURRE	20e. PLAC	E OF INJURY (Hame, for	m, 20f. (City or	town)	[County		e)
about	Hour o.m.	July 25 19 4	White Not white at work	facto	ry, street, afficé bldg., el· O_R_RV	c.)		499		
AMI Ned 1			the remains descr			sv 😾 Insn	eriano	Inquiry	gany, Md	ha
EX.			uses 📑 Accident						FI, ONG THIS II	TiQ
19 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °		. / .		37		, , , , , , , ,				
ifico ifico ARE	ACTUAL SIGNATURE	til De	ming In	à	M.D. CHIEF MEDICAL	EXAMINER			DEVLOOR ALSO SERVICES	
AL D			</td <td></td> <td>ASSISTANT MEDIC</td> <td>CAL EXAMINER</td> <td>]</td> <td></td> <td></td> <td></td>		ASSISTANT MEDIC	CAL EXAMINER]			
P. S. A.	EXAMINER'S NAME (Type) H	.V.Deming	M.D.		DEPUTY MED CAL	EXAMINER 🜃	Dan.	19-19	57	
ST to	220 BUTHAL, CREMATION	N. 226 DATE THEREOF	22c. NAME OF CE	METERY OR	REMATORY	22d. LOCATIO	(C'ly, tawn, c	r caunty)	(State)	
E . 5 .	Dirial	1/2//	1 Trees	emar	no less.	(m	-b-	mo	×	
VS. A15ME(5)	23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	0	920 PEC	D BY REGISTRAR	24b. REGIS	TRAR'S S.GNA	TURE / n	χ
5M 9/55	Lames	Ollin U	he. Cum	· .	/CL RIM	11/95	7 000	-tra	uk, 11.0	V
			75 "			77			0	

DECEIVED V. S.

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MIREAU V. S.

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DECENACE

corporate	1	.3			TATE DEPARTM			•	18	0055	,
			WE	DICA	L EXAMINER	S CERTIFIC	ATE OF	DEATH	Rea, Dist	t No	4
	1,	PLACE OF DEATH	<u>*</u>	35		2. USUAL RESIDENCE	CE (Where decease	ed lived. If instit	tution: Resident	ce before adr	nission)
(1991)		o. CITY OR TOWN (I	Allegany		c. LENGTH OF STAY IN 15		N (If outside corp	orate limits, write		egany	own)
\ /		Cumber			2 months		berland				
(^T /)			lat or institution (#)		pital, give street address)	, d. STREET ADDRE		St.		01	RESIDENCE N A FARM? NO [
		NAME OF DECEASED (Type or print)	Carolin		Baggett	Luttrell Kathell	4. DATÉ OF DEATH	моо Ja		21+ Dox	Year 19 5
	5.	SEX .	6. COLOR OR RACE	7. MARRI	D NEVER MARRIED	B. DATE OF BIRTH		9. AGE In years last birthday)		YEAR IF UN	DER 24 HR
		female	white	WIDOWE		July 24-1	880	76 yrs.		oys Hours	
1	100	. USUAL OCCUPATI Juring most of works	ON (Give kind af wark d ng life, even if retired)	lane 10b. I	IND OF BUSINESS OR INDU		•			EN OF WHA	r countr
	_	HOUSEWII	e	C	wn Home	VIFGIN	ia City	, Nevad	a U.S	S.A.	
	13.	PAINCE S PEANE	2	01	iver		line Lo	hrr			
	15.	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.		INFORMANT		Addres			
	ĮΥœ	no, or unknown)	Iff yes, give war or dates of s	MINISTER)		on)John L	Bagget			. bM.	
	F	18 CAUSE OF DEA	TH [Enter only one caus	- 6 /			777.60	9000.0	01 4.00	INTERVAL BETY ONSET AND D	YEEN
		PART I, DEA	TH WAS CAUSED BY		Coronary	occlusion				Sud	
		420./	DUE TO		Coronary	sclerosis				?	
		gave rise to imme (o), stating the cause fast.			Arteriosc	lerosis				?	
	CATION	PART II. OT	HER SIGNIFICANT CONE	HTIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE	CONDITION GI	VEN IN PART 1	(o) 19. WAS PERF	AUTOPSY ORMED?
	CERTIFIC	20d. EXTERNAL CAPPRIMARY ☐ or CO CAUSE OF BEATH.	JSE WAS NTRIBUTING []	DESCRIB	HOW INJURY OCCURRED.	Enter noture of injury in	Part I ar Part il i	of item 18.)			
	MEDICAL	20c. TIME OF INJU Haur a.m. p. m.	19	White of we	rk at while	ACE OF INJURY (Hame, tary, street, office bldg.,	, elc.)		(Cauni		(Stote)
					remains described ab			spection 🖈	, Inquiry	🖈, and	find the
		death resulted	from: Natural o	auses [Accident 🔲, St	icide 🔲, Hamic	tide 🔲, Un	determined -	cause 🔲.		
. 2		ACTUAL SIGNATURE	F.F. Dz	mvc-0	mg 116 K)	M.D.	AL EXAMINER			DATE	SIGNED
		EXAMINER'S NAME (Type)	.V.Deming	K.D	1		EDICAL EXAMINER CAL EXAMINER 把		25-19	957	
5 5	220	BURIAL, CREMAT C REMOVAL (Specify) I' 6 16 (-10)		57	22c. NAME OF CEMETERY O			ON (City, town,	or county)	C . (Sto	ta)
9	23. V	FUNERAL DIRECTOR		Cumk	erlana, Md.	Pan	REC'D BY REGISTA	AR 24b. REG	ISTRAR'S SIGN	ent.	M.L
						//	/-	/		1	



. 1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	156
Dutside	3 0		CERTIFICATE OF DEATH Reg. Dist. No.	700
GityLi	Hill	1.	PLACE OF DEATH o. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss o. STATE Manyland b. COUNTY Illegan	
funeral fuld be fi	1		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN III outside corporate limits, write RURAL and give nearest town Rural La Vale Md.	5
urs after by the	,		or institution RFD # Cumb-M2 RFD T Cumb. M2 on A YES [FARM?
for 24 ho		1	(Type or print) (Icida V. Macbeth DEATH Jan 17	Yeor 1957
ed within			SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH 9 AGE th years IF UNDER 1 YEAR IF U	Min.
and cam on paper	1		during most of working life, even if retired) Was Home Cumbuland MD 12. CHIZEN OF WHAT Cumbuland MD 12. CHIZEN OF WHAT	COUNTRY?
icate bii rsician dive carb urs after			Jacob Sowers 14. MOTHER'S MAIDEN NAME Mary Keyser	
th mertification physics remonal 72 hor	~5	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT B. Macheth PFD	I.
the deal e attendent nen plea			1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) INTERVAL BE ONSET AND THE COURSE TO SET AND THE CAUSE OF THE CAUSE (o)	DEATH
uires that gned by th permit. The			592 X DUE TO Conditions, if any, which gove rise to immediate (b) (hronic Mphritis)	year
and in	1	z	coese (o), stoting the under- lying couse lost. DUE TO (c) Communication (c)	·/
The law g physic has be- urial-tro	3	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFO YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II or 18.)	AUTOPSY RMED?
ottendin rificate as the ban, or re		ICAL CERTIFI		
G FHYS bitol or a r this ce for use a		MEDIC	Hour o. m., While Not while toctory, street, office bldg , etc.]	(State)
the base IR: After trached I			21. I certify that I oftended the deceased from 1936, to 1937, that I last saw the alive on 1937, and that death occurred at a 1937, from the causes and on the date state ADDRESS (Street, city or town, state)	
UR AT	1		ACTUAL SIGNATURE & Clany, Marray M.O. Cumbrillon Sun Jan	2145
retor hou		=	PHYSICIAN'S F. Allan G. Murrey, M.D.	/
o Hol may b o Fur page			20. BYRNAL, CREMATION. 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. (SCATION (City, Jown, or county) (Stote Duriof Jan 19 1957) Rose Hill (em. umberlond)	<u>.</u>
VS A15 (4) 15M 9/5S	e *	23.	FUNERAL DIRECTOR'S SIGNATURE and Secretary 240. REGISTRAR'S SIGNATURE Comb. M. Q. 1980. 19, 1957 M. A. TRAINTE	md.
	3'			

PECEUVE 115N . 1757 BUREAU V. 8.

BULLAU V. S.

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TO A TELEGIES OF THE SECTION AND A SECTION A

23. FUNERAL DIRECTOR'S SIGNATURE Cumberland, .id. H. dayne George.

22a BLRIAL, CREMATION, 22b. DATE THEREOF

Jan. 29. 1957

REMOVAL (Specify)

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

Patricks cemetery 249. REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

22d LOCATION (City, town, or county)

YES NO 19

Year

PERFORMED? YES I NO 4

(State)

(State)

Hours

19 57

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

FEB I 1---

DECEDAED

in corpor	ate	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Seq. Dist. Req. Dist.	00064
		PLACE OF DEATH a. COUNTY ATT. FOANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence b. COUNTY TAT. FOANY ATT. FOANY ATT. FOANY	before admission)
	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CERCITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)	
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SACRES ILLERET IL	e. IS RESIDENCE ON A FARM? YES NO TO
	3.	NAME OF First Middle Last 4. DATE Month OF OF CATALOGUE OF OF OTHER PROPERTY.	Doy Year
	5.	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS
ž	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ during most of working life, even if retired)	EN OF WHAT COUNTRY
/ ***	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U, D, R,
1	1/	WAS DECEASED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Inknown PTS CHART	
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	INTERVAL BETWEEN ONSET AND BEATH LIST CHIEFLE
		Conditions, if any, which gave rise to immediate code (a), stating the under-lying cause last.	
٥	CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m, 19 Day, Year p. m. 19 Day, Year at work at wor	unly) (State)
!		21. I certify that I attended the deceased from	ist saw the decease a date stated above DATE SIGNE
. /		PHYSICIAN'S ELYZABETH BRINGS Cumberland ho	<i>l</i> .
n	22	Burial Feb. 4, 1957Sts. Peter & Paul Cemetery Cumberland, Mary	(Slote) yland
*		FUNERAL DIRECTOR'S SIGNATURE ADDRESS John J. Hafer, Cumberland, Maryland. ADDRESS 244. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNAR'S SI	uts, -M?
	_		0

ENKEVN K. Z.

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MAL DELLE

EURE IN V. S.

15M 9/55

PEGEIVED V. E. BUREAU V. E.

VS A15 [4] 15M 9/5S

YES NO Year 19 IF UNDER I YEAR IF UNDER 24 HRS. AGE (In years lost-by hdoy) Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address William Russell Moses, Lonaconing, INTERVAL BETWEEN ONSET AND DEATH noni PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ADTOPS! PERFORMED? YES NO (County) (State) . 1957 that I last saw the deceased .D.L.M., fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (State) Lonaconing. 266 REGISTRAR'S SIGNATURE Eichhorn, Lonaconing,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

IS RESIDENCE

DECEIVED V. S.

.1			limits	MARYLAND :	STATE DEPARTME	NT OF HEALT	H-BALTIMORE,	18 00064
4 60 5	COLLIA	SIL	; illing	MEDICA	L EXAMINER'S	CERTIFICA	TE OF DEATH	00002
auld be		-		4.		1		Reg. Dist. No.
shau		7	LACE OF DEATH L. COUNTY	477			1 44 (14)	tution: Residence before admission)
10 % N		-	CITY OR TOWN !	Allegany uviside corporate limits, write RURAL	MARYLAND c. LENGTH OF STAY IN 16	PIO	L e	M Allegany Brunk and give nearest town)
Pogo Pogo Burit	1		Cumbe	erland	2 hrs.	Cumber		s knawe and disa usaless lawus
r is ned irector. es. prior t	,	0		Heart Hospit		611 Hend	lerson Ave.	IS RESIDENCE ON A FARM? YES NO NO
y delo,			NAME OF DECEASED Type or print)	Paul	Middle Thomas Mo	use	4. DATE Mon	·
E TO B		5. 5		6. COLOR OR RACE 7. MARRI	ED T NEVER MARRIED THE B.	DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS.
# de # _ #			male	white widows		Sept.4-19	lost birthday)	Manths Days Hours Min.
¥ dair		10a	USUAL OCCUPATIO	N (Give kind of work dane 10b.	1			12. CITIZEN OF WHAT COUNTRY?
and and	- (ľ	none	g life, even if retired)		Cumberl	land, Md.	U.S.A.
5 5 5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
20 S 3 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3			Franc:	is Mouse		Margue	erite Powers	
Page oge	1.	15. {Yes	WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.		FORMANT	Addres	
id is in	1		no			ather) Fra	ancis House,	Cumberland, Md.
W. S.				THE [Enter anly one cause per line				NTERVAL BETWEEN ONSET AND DEATH
xecute Item I I form nsit per			911.0	DUE TO	ck due to bu			water. 2.g hrs
be e Lin			Canditians, if on		so had pulmo	nary edema	1.	
muld penci			gave rise to immed (a), stating the v cause last.					
15 a 25 a		Z		ER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINALDISEASE CONDITION GI	VEN IN PART I(a) 19. WAS AUTOPSY
ding soft	Con.	CATIC						PERFORMED? YES NO
pen iner be u		CERTIF	20g. EXTERNAL CAU PRIMARY TO or CON CAUSE OF DEATH.	SE WAS	E HENCHTING GOORSECTION			
This			20c. TIME OF INJUR	11/0776	Off of COU	ch, body h	it steam coo	ker filled with
Sol E	- 1	MEDICAL	11 Hauf 50. m.		_ NANDO facto	ry, street, affice bldg., etc	:-)	(County) (State)
M B B B B B B B B B B B B B B B B B B B		W				ome	Cumberla	nd, Allegany, Md.
ef in S				from: Natural causes				, Inquiry , and find that
A SOL			deom resolled	Troin: Maroral causes [rde [_], Homicia	e [], Ungerermined	couse [].
acord riffical to the DIREC			ACTUAL SIGNATURE	H. I Wim	7 261 20	M.D. CHIEF MEDICAL E		DATE SIGNED
RAL gval	K 46		EXAMINER'S TI	.V.Deming M.D	· *	ASSISTANT MEDIC		05 7075
E me		220	. , , ,	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	DEPUTY MEDICAL	22d. LOCATION (City, town.	31-1957
07 07 07 07 07		L	Buri al	Feb. 2, 1957	St. Patrick's		Cumberland,	
VS. A15ME(5)			FUNERAL DIRECTOR'S		ADDRESS	REGE REC	D BY REGISTRAR 246. REG	ISTRAR'S SIGNATURE
\$M 9/55		W	illiam H.	Kight, Cumberla		νόβιτ€Λ.	1,1957 00	Ktrank, 11/0
		pt's	t 1		Kagar		' -/	

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PING FINY INTERFECT OR HOSPITAL: The is require that the leath copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certifical be file.

certificant has been emmuted by the attending physician and leath setificate assuming should be detailed for use an all unit

certificals has been ensured

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00066

1 43			Reg.	Dist. No	· ./
1. PLACE OF DEATH		2. USUAL RESIDENC			
COUNTY Allegany	MARYLAND	state Marylan		llegany	
CITY (If outside corporate limits, write RURAL OR end give nearest town)	LENGTH OF STAY (in this place)	.OR	a limits, write RURAL and giv	va neerest fown)	
TOWN Cumberland	72 yrs.	Town Cumber	land		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 521 ESSEX	Place	STREET 521	Essex Plac	ation) C	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Dey)	(Year)
(Type of Print) Andrew	C.	Mullan	DEATH Jan	9	,,57
5. SEX 6. COLOR OR 7. SINGLE, MA	ARRIED, 8. DATE	OF BIRTH 9.	AGE last birthday IF L	UNDER 1 YEAR IF L	JNDER 24 HRS.
Male White Specify N	larried Jan.	13, 1885	XXX 71 yrs. Mor	nths Days F	lours Min.
10e, USUAL OCCUPATION (Give kind of work 10b	KIND OF BUSINESS	11. BIRTHPLACE (State or foreign		12 CITIZEN O	F WHAT
	or industry extile	Cumberland,	Md.	USA	2
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
John Mullar	1	Catherin	e Petri		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT & ADD	RESS		
(If Yes, give wer or detes of service)	217-10-1283	Miss Kath	leen Mullar	n.Cumber	land
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA IMMEDIATE CAUSE I ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Jent Co	Lovary En	Motus		L BETWEEN MID DEATH
DISEASE OR CONDITION CAUSING DEATH.					
198, DATE OF OPERATION 196, MAJOR FINDIN	GS OF OPERATION			20. AI	UTOPSY?
216. ACCIDENT WAS UNDERLYING 21b. PLACE (HOR CONTRIBUTING CAUSE OF DEATH OF INJURY stratifier (IF EITHER, NOTIFY MEDICAL EXAMINER)	Iome, ferm, fectory, et, offica bldg., atc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(Slete)
	21a, INJURY OCCURRED While Not while at work at work	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the de alive on	nnd that death occurred a	M, from the cau	ses and on the date (Street, city, town, state (COCATION (City, town, or constitution)	stated above. te) DAT county)	e deceased E SIGNED (State)
Burial 1-12+57	SS.Peter 8	25. FUNERAL DIRECTOR'S SIG James F. Sca	Cumberland ENATURE PROPERTY OF THE PROPERTY OF	ADDRESS	, MD *

A CELLA

				eg, Dist. No.
1	l, IP	LACE OF DEATH . COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institutions as STATE 1/1/2 b. COUNTY	
-	-	ALLOGANO	TEAND 1110 .	Allegany
a da		and Bine whotest town?	IN 16 c. CITY OR TOWN (If outside corporate limits, write RUR)	At and give nearest lawn;
91.	- 4	Cumberland NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address		a. IS RESIDENCE
.A		it the Memorial Hospital	419 Dunbar Drive	YES NO T
3	U	ecewith.	NEWNAM Lost 4. DATE Month	Doy Year
		(ype or print) Calton Louis	TRANSMIK DEATH Jan.	6 19 57
	5. SI	THE PARTY OF THE P	igst birthedy) Moi	NDER LYEAR IF UNDER 24 HRS.
-	_	male white widowed DIVORCED	U A119, 2-1898 58 m.	
	di	USUAL OCCUPATION (Give kind of work done tob. KIND OF BUSINESS OR pring most of working life, even if retired) Lerchant & Igr. Supreme Amuseme		2 CITIZEN OF WHAT COUNTRY? $U_*S_*\Lambda_*$
)[1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
7L		Cranston Kexican Newman	Nancy Meiers	
	15. ' Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. no. or unknown) [If yes, give wor or dates of service)	Newritins	
4		Yes W.W.2 1219-14-613	(wife) Virginia XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	umberland, Ed.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSED BY: Coronary	seleresis-occlusion	sudden
	-	430, 1 DUE TO	7	about 2
	-	[D]	sclerosis	years
		gave rise to immediate cause (a), stating the underlying couse last.		
	Z I	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(0) 19. WAS AUTOPSY PERFORMED?
	₹ [YES NO 🗔
-7)	۲ŀ	Mr. EYTERNIAL CALICE WAS LIGHT DECENSE HOW MITHER MORNING		
-27	- 1	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	RRED. (Enter nature of injury in Part I or Part II of item 18.)	
004	- 1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20	Oe. PLACE OF INJURY (Home, form, 120f, (City or town)	(County) (State)
004	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 29 While Nat while of work at work	0e. PLACE OF INJURY (Home, form, 20f, (City or tawn) factory, street, affice bldg., etc.)	
0.04	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 While of work of work 21. 1 certify that I took charge of the remains described	Oe. PLACE OF INJURY (Home, farm. 20f. (City or tawn) factory, street, affice bldg., etc.) d above, held an Autopsy , Inspection , Ir	
0.00	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 29 While Nat while of work at work	Oe. PLACE OF INJURY (Home, farm. 20f. (City or tawn) factory, street, affice bldg., etc.) d above, held an Autopsy , Inspection , Ir	nquiry 🔻, and find that
0	MEDICAL	20c. TIME OF INJURY Month, Day, Year 120d. INJURY OCCURRED 20 While at work 120d at	Oe. PLACE OF INJURY (Home, farm. 20f. (City or tawn) factory, street, affice bidg., etc.) d above, held an Autopsy, Inspection, Ir, Suicide, Homicide, Undetermined causa	nquiry 🔻, and find that
0.0	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 While of work of work 21. I certify that I took charge of the remains described death resulted from: Natural causes F., Accident,	Oe. PLACE OF INJURY (Home, form, foctory, street, affice bidg., etc.) d above, held an Autopsy, Inspection, form, Suicide, Homicide, Undetermined cause	nguiry 泽 , and find that e □.
	WEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 20d. INJURY OCCURRED 20 While of work of work 21. 1 certify that I took charge of the remains described death resulted from: Natural causes & Accident , Accident , Accident , SIGNATURE ACCIDENT ACCIDENT ACTUAL SIGNATURE ACCIDENT ACC	Oe. PLACE OF INJURY (Home, farm. 20f. (City or tawn) factory, street, affice bidg., etc.) d above, held an Autopsy, Inspection, Ir, Suicide, Homicide, Undetermined causa	nquiry (**), and find that e (**). DATE SIGNED
	WEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m., p. m. 19 While of work 10 of work 12 of work 19 of	Oe. PLACE OF INJURY (Home, form, factory, street, affice bidg., etc.) d above, held an Autopsy , Inspection , In , Suicide , Homicide , Undetermined cause	DATE SIGNED 957 unity) (Stote)
2	WEDICAL 200	20c. TIME OF INJURY Hour a.m. p.m. 19 21. 1 certify that I took charge of the remains described death resulted from: Natural causes . Accident . ACTUAL SIGNATURE EXAMINER'S NAME (Type) H. V. Deming N.D. BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify) Jan. 9. 1957 Hillcrest	Oe. PLACE OF INJURY (Home, form, factory, street, affice bidg., etc.) d above, held an Autopsy , Inspection , Ir, Suicide , Homicide , Undetermined cause	DATE SIGNED 957 (Stote) ryland.
2	22a.	20c. TIME OF INJURY Hour a.m. p.m. 19 21. 1 certify that 1 took charge of the remains described death resulted from: Natural causes . Accident . ACTUAL SIGNATURE EXAMINER'S NAME (Type) H. V. Deming N. D. BURIAL, CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETE REMOVAL (Specify)	Oe. PLACE OF INJURY (Home, form, factory, street, affice bidg., etc.) d above, held an Autopsy , Inspection , In , Suicide , Homicide , Undetermined cause	nquiry **, and find that e DATE SIGNED 957 Unity) (State) ryland.

PECEIVED V. S.

BUREAU V.

DECENTED SE

Withur or		MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18	00069
	1	DR. HIMMELWRIGHT 46 CERTIFIC	CATE OF DEATH Reg. Dist. No.	. 4
d'rector, filled with	1.	PLACE OF DEATH O. COUNTY ALLEGANY MARYLANT	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before STATE MARYLAND b. COUNTY ALLEGAN)	
rer dearn. Te funeral nauld be f		b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town) CUMBERLAND 3 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nec	arest town)
by the		d. NAME OF HOSP TAL (If not in hospital, give street address) OR INMEMIOR LAL HOSPITAL	d. STREET ADDRESS 125 HENRY STREET	e. IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF First Middle DeckaseD (Type or print) SHARON D.	PARSONS 4 DATE OF JANUARY 27	Yeor 1957
letely fi		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED FEMALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH JAN. 27 1949 9. AGE (In years IF UNDER 1 YEAR last birthday) 7 wrs. Months Days	Hours Min.
od camples of death.	10	On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		PF WHAT COUNTRY?
8 5 % F	13	FATHER'S NAME HERMAN D. PARSONS	14. MOTHER'S MAIDEN NAME HELEN J. COSNER	.,,
ng physician remave cor 72 haug off		. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 st. no. or unknown) ("I yea, give wor or dates of service) None	MEMBRIAL HOSPITAL - CUMBERLAND, MD.	
attending please re within 72	F	18. CAUSE OF DEATH [Enter only one couse pgr-line fo; (o), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	-/ / / / / ONS	ERVAL BETWEEN SET AND, DEATH
by the) 8 /X DUE TO		3 dialo
signed b		gove rise to immediate cate (a), stating the under-		
shysicia shysicia sheen al-trans	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES NO
anding production of the purity or removed o	CEMBIC	OR CONTRIBUTING THE CAUSE OF DEATH	RED. (Enter nature of injury in Part I or Part II of item 18.)	
il ar atternis certifinate as t	EDICAL		PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (County)	(State)
haspito After thed far riol, cre		21. I certify that I attended the deceased from. OUT	1936, to Jen 1937, that I last so	
by the ECTON: e detac		ACTUAL SHORMER SIGNATURE SIGNATURE	ADDRESS (Street, city or Jown, store)	DATE SIGNED
etained could b		PHYSICIAN'S DR. G. OVERTON HIMMELWRIGHT	_ M.O	-4 -1-1-1
nay be r oge oge regist	22	Removal (Specify) 1-29-57 Maysville		(Stote)
2 ° 2 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	23	FUNERAL DIRECTOR'S SIGNATURE James F. Scarpelli Cumberland, A	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATUR	re -t-m
15M 9/\$\$	L-		11901 DO113 W. 15. 110	Mg. 111.0

Bureau V. S.

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1	MARYLAND STATE DEPARTM	IENT OF HEALTH—BALTIMORE, 18	
Within corporat	DR. MIRKIN ; 48 CERTIFICA	ATE OF DEATH Reg. Dist	20074
director, filed with	I. PLACE OF DEATH G. COUNTY ALLEGANY MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence a. STATE MARYLAND b. COUNTY ALLEG	
the funeral should be f	b. CITY OR TOWN (If authors experied limits, write RURAL and property love) 19 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give CUMBERLAND	ve nearest town)
by the	d. NAME OF HOSPITAL (If not in hospital ANDRY TO Oddess WARWICK OR INSTITUTION MEMORIAL HOSPITAL AVES	,d. STREET ADDRESS THE DINGLE	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle DECEASED (Type or print) MORTON W	Lost 4. DATE Month OF DEATH JANUARY	Day Yeor 7 19 57
campletely fi			YEAR IF UNDER 24 HRS
and comple oun papers.	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if relired)		EN OF WHAT COUNTRY?
affe	13. FATHER'S NAME PHILIP PESKIN	14. MOTHER'S MAIDEN NAME CARRIE LEVY	
ng physic remover	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. (1791. Dry unknown) 220-28-8403-ME	MORIAL HOSPITAL, CUMBERLAND, MD.	
affending on please re it within 72	PART I. DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH
by the nit. The ny even	Conditions, if any, which) (b) Lower nephran ne	phrosis	16 days
an. sit pern	gave rise to immediate course (a), stating the under lying cause lost. DUE TO (c) Acute hemorrhagi	c pancreatitis	19 days
physici physici nos beer ial-tron naval, c	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Uligraphy Was uninferring to 170% Describe Hold Indian Occupant	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	1(a) 19. WAS AUTOPSY PERFORMED? YES NO [7]
ending ficote the but	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Port II af item 18.)	
ol ar at his certification	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Hour o. m. p. m. 19 work at work at work	ACE OF INJURY (Home, form, 20f. (City or town) (Co- ctory, street, affice bldg., etc.)	unty) (State)
haspit Affer I ched fa	21. I certify that I attended the deceased from Legenber alive on Jan. 7	n. 19 1956, to Jan. 7, 1957, that I land on the causes and on the	ist saw the deceased
d by the SECTOR SECTOR of the deto		ADDRESS (Street, city or town, state) M.O	DATE SIGNED
retaine Suld	PHYSICIAN'S NAME (Type) Samuel M. Jacobson.		
may be page the regi	220. BLARIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY CONTROL Sports 2011		W. Q.
VS m15 (4) 15M 9/55	23 FUNERAL DIRECTOR'S STOCHATURE INC. Cumb.	249. REC'D BY REGISTRAR 246 REGISTRAR'S SIGN	nto Mis



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S.

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ion,				M	DICAL	. EXAMIN	ER'S	CERTIF	ICA	TE OF	DEATH	Reg. Di	st. No. 8	
emot 4		1. !	LACE OF DEATH	19				II.	IDENCE (V	Where decea	sed lived. If institu		nce before od	mission)
5 5	A			Allegar	ıy	MARY	_	o. STATE	Mo		b. COUNT	A.I	legan	
orio .	1		and give nearest tow	if outside corporate limits, will my	e RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR			porote limits, write	RURAL and	give negrest	tawn)
- 6 K!	ural		Midland	TIL OR INCOMPRISE	Y 1 \ 1	49 yrs.		XX		and				
prior			an's Mt.	near Wol	Rock	fül, giva street oddres C e	3)	, d. STREET A	DDRESS				0	RESIDENCE N A FARM?
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2 0		5. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	1		9. AGE (In years lost birthday)		YEAR IF UN	
£			male	white	WIDOWED	DIVORCED [3 k 0	ct. 24	-190	07	LO VIII.	Months [Days Hauri	Min.
× ×	i	10a.	USUAL OCCUPATI	ON (Give kind of working life, even if retired)	done 10b. Kii	ND OF BUSINESS OR	INDUST	11. BIRTHPLA	ACE (State	or foreign	pountry)	12. CITI2	EN OF WHA	T COUNTRY?
g re	etir			niner	Mi	ning coa	1				Md.	U.	S.A.	
-		13.	FATHER'S NAME			0.1		14. MOTHER'S						
bode		16		nomas Rave /er in u. s. armed fo			Isa or	Hary	Jane	e Swa				
9	£	ίγes,	no, or unknown)	(If yes, give wor or dates of	servicel	OCIAL SECURITY NO		FORMANT			Address			
# /	1		yes	W.V.2		L6-05-294	PDT	other)	WILS	son G	<u>Ravens</u>	croft		
permit.				NTH [Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (c)			_7						ONSET AND	
± '					01	conary oc	CTU	SION					sudd	
rons			Conditions, if o	DUE TO	Cor	onary sc	ler	osis					4 yr	
buriof-t			gave rise to imme (a), stating the cause fast.	diate couse									3-	
80		Z O		MER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH	BUTN	OT RELATED TO	THE TERM	INAL D SEAS	E CONDITION GIV	EN IN PART	1(a) 19, WAS	S AUTOPSY
Desa		ATIC			-		_						YES T	FORMED?
5		CERTIFICATI	20g. EXTERNAL CA PRIMARY D or CO CAUSE OF DEATH.	NTRIBUTING 🔲 📗	b. DESCRIBE	IOW INJURY OCCUR	RED (Er	iter nature of inj	ury in Par	t I or Part II	of item 18.)			
Difficult C a		MEDICAL	20c. TIME OF INJU	IRY Month, Day, Yes	While	Not while	e. PLAC facto	E OF INJURY (H ry, street, office	lome, form bidg., etc.	20f. (Cit)	y or town)	(Caur	nly)	(State)
ğ			21. I certify t	hot I took charge	of the re	moins described	abov	e, held on	Autops	y [], [nspection 📑,	Inquir	/ IN ond	find that
ä				from: Notural						The second secon	ndetermined o	-		
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<u>=</u>	9		ACTUAL SIGNATURE/	77 1.2	i bra L	ng 111.1	~~ \$~ ~	M.D. CHIEF ME	EDICAL EX	KAMINER 🗌			DATE	SIGNED
AL val.			EXAMINER'S		-	/		ASSISTAN	AT MEDIC	AL EXAMINE	R 🔲			
emo			NAME (Type)	H.V.Deming		, 1			MEDICAL	EXAMINER [Jan.2	-1957	7	
0 0		220.	SURIAL, CREMATIC REMOVAL Specify	ON, 22b. DATE THEREO		C. NAME OF CEMETE					TION (City, town, o	or county)	(St	ote)
ĭ			REMOVAL Specify UPTal FUNERAL DIRECTOR		07	Oak Hill	L Ce	emetery			coning,	MD.		
E(5)		23.			7				/	D BY REGIST	Z45. REGIS	TRAR'S SIGI	NATURE	13 cm ()
/55	N .		Geerge	Eichhorn	Lon	aconing,	_MD		DATE /	47 E	1 // 244	neel	N/N	COL

BUREAU V. S.

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Whin corpor		00076
se M	DR. HIMMELWRIGHT 59 CERTIFICATE OF DEATH Reg. Dist.	The Contract of the Contract o
director	1. PLACE OF DEATH 0. COUNTY ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE MARYLAND b. COUNTY ALLEG	
funeral	b CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give nearest town) CUMBERLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give CUMBERLAND	neorest town)
3.2 shot	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION TAL HOSPITAL 634 ELM STREET	e, IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print) ANNIE AGNES ROBINETIE 4. DATE OF JANUARY	27 Year 57
s. Pagi	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FEMALE WHITE WIDOWED DIVORCED NOVEMBER 6, I890 9. AGE (In years lift UNDER 1 Y lost bythday) Months Da	EAR IF UNDER 24 HRS Tys Hours Min.
comp paper ofth.		N OF WHAT COUNTRY
and c	HOUSEWIFE Ownhome CUMBERLAND, MD. U.	S.A.
cart	JOHN K. BARTIK JOSEPHINE SWACK	
ding physic ase remave in 72 bears.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. (If year gare wor or dotes of service) None None	•
lendi bleas sithin		INTERVAL BETWEEN ONSET AND DEATH
by the attending physicia f. Then please remove as y event within 72 bear, of	PART I. DEATH WAS CAUSED BY: Acute Congestive Heart Failure	1 hr.
eve Th	H 4 J A DUE TO	
any any	Canditions, if ony, which and the Hypertensive Cardiovascular Disease	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Code (a), stating the under. Lying cause last. 2 4 0 X	
siciar ronsi 1, an		o) 19. WAS AUTOPSY
phy as b ial-t	Diabetes Mellitus	PERFORMED?
ending ficate t the bur	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(Diabetes Mellitus 200. ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	
his certition of an all are all are all are as	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work of the other of th	nty) (State)
spik d for t	21. I certify that I attended the deceased from	t saw the deceased
ovrice h	alive on Jane 27, 19 57, and that death occurred at 3:05AM, from the causes and an the	
RECTOI	ACTUAL SIGNATURE SCHEMENCE (Street, city or town, state) ACTUAL SIGNATURE S	1/27/57
strar pi	PHYSICIAN'S G. Overton Himmelwright, Md. 133 Virginia Ave Cumbe	rland Md.
FONE TO BE T	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county)	(State)
D D S S	Burial I-30-57 St. Marys Cem. Cumberland, Md.	Since d
VS A15 (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James F. Scarpelli Cumberland, Md. ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE ADDRESS ADDR	m)
15M 9/5S	cames re-carpetin cumber land, mu. With 21, 127 W. A. Mil	un, 111.00



BUREAU V. S.

Within			. h		M	ARYL	AND S	TATE DEPA	ARTME	NT OF HEAL	TH-BAL	TIMORE, 1	8	000	177
AA HERDITA	COLÃO		e į	mitş		1	51	CERT	IFICA	TE OF DEA	TH		Reg. Dist.	No.	4.
director, iled with	(M		1. P	LACE OF DEATH	All	egan;		MAR	YLAND	2. USUAL RESIDENCE G. STATE Ma:	(Where decease	d I.ved. If institution b. COUNTY		pefore admi	
death. meral d be f			ь	CITY OR TOWN (IF	outside corporest town) umber			12/15/5		c. CITY OR TOWN	(If outside corpo		URAL ond give	nearest to	wn)
irs after by the fu I 2 shoul	0		d	NAME OF HOSPIT	AL (if not in h	rospital, giv	ve street add			d. STREET ADDRES		7		NO	ESIDENCE A FARM?
s 24 hau			- 0	AME OF ECEASED Type or print)		Joh		Middle		Ross	4. DATE OF DEATH	January		Doy 29,	Year 1957
s within letely fi			S. 5	Male	Whit	_	7. MARRIED	NEVER MARR	_	3/7/1878		9 AGE (in years last girthday) yrs.	Months Da		DER 24 HRS
xecuted d comp		V	10a.	USUAL OCCUPATIOn during most of work	N (Give kind ing life, even	of work de	one 10b. KIN	arming	OR INDUST	Maryl	tate or foreign o	ountry)		S. A	AT COUNTRY
arbor				ATHER'S NAME						14. MOTHER'S MAID					
icate rsicia ive co					Lacy 1				- 1.2 0.0		a Mille				
h certifi ling phy se rema			S. Yes	760	If yes, give war o	or dates of ser	(vice)	CIAL SECURITY N	A	ormant P.O.! llegany	Box 599 County	Infirma	e Cumb	cord	nd,Md
deat attend plea within				 CAUSE OF DEA PART I. DEA! 	TH WAS CAU	ISED BY:	ise per line f	or (a), (b), and (t)	17	(trans	14/	+	1	INTERVAL I	BETWEEN ID DEATH
that the by the c				422.2 Conditions, if or		DUE TO		Chr		is my	11-11	skiti.	4		>
signed signed if permid	3			gave rise to it cause (a), stating the lying couse last.	n mediate ((b). DUE TO (c).		Ber	ele	rat An	teri	oseles	ioric.		>
ohysicia so been altrans		0	ATION		ER SIGNIFICA		OITIONS CON	NTRIBUTING TO DI	EATH BUT N	OF RELAYED TO THE TO		E CONDITION GIV	EN IN PART 16	PERF	S AUTOPSY FORMED?
AN: The anding I icate he burithe burither and an or rem			CERTIFIC	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYIN CAUSE O MEDICAL EX	NG [] F DEATH AMINER)	206. DESCRI	BE HOW INJURY (OCCURRED.	(Enter nature of injury	r in Part I or Par	1 II of item IB.]			
HYSICI or after is certifuse as I			MEDICAL	20c. TIME OF INJURY Hour a.m.	Manth,	Day, Year	While	RY OCCURRED Not while	20e. PLAC facto	E OF INJURY (Home, ery, street, office bldg.	form, 20f. (City etc.)	y or town)	(Covi	nty)	(State)
Spital spital far the far	3			21. I certify th	at Latten	ded the	-		15/56	. 19 . ta	1/29/5	712	that I las	t saw th	e deceased
TENDIII the ho OR: Afi etached				alive an_1/	29/57		19	and tha	t death o	occurred at 2:			ind on the	date sta	
RECT be d		1		ACTUAL SIGNATURE	4710	de	100	5776	LEA	5cc 49 G	reene	St.		1/29	157
retaine				NAME (Type)	Dr.	Jam	es E.	McLear	1	Cumb	erland	, Md.	M and Alla Alfa Alfa and was alla alla alla alla alla		
HOSP igy be FUN ige))		220	BURIAL, CREMATIO	N. 226. DAT	A -/ 9		NAME OF CEN	AETERY OR	CREMATORY	22d, LOCA	TION (City, town,	or county)	(S)	(fle)
5 5 0 0 5			23_	UNERAL DIRECTOR	SIGNATURE	11		ADDRESS	0	240	REO'D BY REGIS	TRAR 246. REG	STRAR'S SIGNA	TURE	to \
VS A15 (4) 15M 9/55			٠.	I wand at	1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	estita	- cala	12216	Ci.,	110 90	1.2,19	57 U.A	Tha	nh.	111.2

ENBEVN K. Z.

TEGEINEINE CEIN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within corporate limits 52 **CERTIFICATE OF DEATH** Reg. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. COUNTY o. STATE Filed ALLEGANY **b** COUNTY MARYLAND MARYLAND ALLEGANY ero b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 Pe c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town] CUMBERDAND Š 2º CUMBERLAND 10 HOURS d. NAME OF HOSPITAL (IF not in hospita MORY TAEL address WARW I CK d. STREET ADDRESS IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL II VIRGINIA AVE. YES NO X NAME OF First Middle 4. DATE **lost** Month Day Yeor OF DECEASED (Type or print) ROBERT ROYCE DEATH **JANUARY** 19 57 6. COLOR OR RACE 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED | NEVER MARRIED)(X DATE OF BIRTH lost, birthday) Months Days Hours WHITE WIDOWED [7] DIVORCED [MALE JUNE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROBERT L. ROYCE SR. S SHIRLEY A. CAPOROSSI IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address MEMORIAL HOSPITAL-CUMBERLAND, MD. No None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH ם PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) /enf **DUE TO** by ij. Conditions, if ony, which ony, gned gove rise to immediate pe . **DUE TO** cosse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES A NO | 200 ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 286. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy, Year 20f. (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) While Not while of work p. m. of work 21. I certify that I attended the deceased from ...that I last saw the deceased 9:40P.M. from the causes and on the date stated above. and that death accurred at. alive an_ ADDRESS (Street city or Jown, stole) ACTUAL SIGNATURE O 굽 PHYSICIAN'S Eliason NAME (Type) FUNDS 220 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) pode may REMOVAL (Specify) Hillcrest Cemetery Cumberland, Maryland Ō 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE. 24b. REC'D BY REGISTRAR Cumberland, Md.

VS A1S (4) 1SM 9/SS

James F. Scarpelli

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1 min a proper	~°. '	53 CERTIFICATE OF DEATH
with (Reg. Dist. No.
Poge directar	/	o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where decreated lived If institution: Residence before admission) OCOUNTY MARYLAND COUNTY
if.	-	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negress town) RURAL and give negress town)
dea d b		RURAL and give neglect land Life. Cumberland
offer show	ı	d. NAME OF HOSPITAL (If not in hospital, give, street address), OR INSTITUTION 1/2 e. IS RESIDENCE ON A FARM?
d 2		103 Lagagette ave. 103 Lagagette live VES NO D
4 6	1	NAME OF DECEASED And First Middle . Day Year
hin 2		(Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9/AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
e e e e e e e e e e e e e e e e e e e		Male While WIDOWED DIVORCED DI
amp aper aper h.	Ĭ	On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
o pu	./ [Retired Borlemaker D40, Steen Kulge M/Q U.JA.
a pour a per) [FATHER'S NAME
physicion physicion physicion phones phones	۱,	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
g ph rem 2 ho	5	S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Vol. no. or unknown) (If yes, give wor or dotes of service) 10.5 -09-8690 Mrs. Sarah Johnson Cumb Md
nding pase hin 7		18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]
otte n ple t wit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) IMMEDIATE CAUSE (6)
of the The even		DUE TO D
d by		Conditions, if any, which gove rise to immediate (b)
quire igne igne igne		cosse (a), stoting the under. DUE TO
icion sen s onsil		1/2 1/2
physical phy	2	PERFORMED? YES \(\text{NO} \(\text{T} \)
ing ling buri		20d. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
CIAN trend tifica tifica tre tre tre		
IYSH or of		20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40f. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 40c o. m. (County) (State)
ital in this far u		
After Hold		21. I certify that I attended the deceased from Marian, 1956, to 127, 1957, that I last saw the deceased
TEN The Control		alive on 1957, and that death accurred at 1.45 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state). DATE SIGNED
a k	7	ACTUAL Cleryl. Dunell 236 26 Pos Cumberland 123 150
oine Oine DIS		PHYSICIAN'S
T of the	L	NAME (Type) Clay E. Durrett, M.D.;
HIS Sov by Sov by Freq	1	20 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Stote)
5 5 5 8 5 8 5 8 5 8 5 8 5 8 5 8 5 8 5 8	2	3. FUNEBAL DIRECTOR'S SIGNATURE ADDRESS A CHARGE BY REGISTRAR 24b. REGISTRAR'S SIGNATURE /
VS A15 (4) 15M 9/55		Lavin Stein Ing, Cumb Md. Jan 124 ACO TININTER & Thank MA
19M 7/33 1:	E	THE WORLD K. MANGET AND

BUREAU V. E.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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i Two r a	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00081
	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. N	No.
		PLACE OF DEATH a. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence become a county Allegany) MARYLAND Allegany	before admission)
		b. CITY OR TOWN outside corporate limits, write RURAL and give and give record town) Cumberland c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give Cumberland	nearest fawn)
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) Sacred Heart Fospital 6. STREET ADDRESS 517 Fayette St.	e. IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF First Middle Lest 4. DATE Month Do OF OF Jan. 1.	zy Year
	1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in your lead by) IFUNDER 1YEA Months Doys Months Doys	AR IF UNDER 24 HRS.
;	10c		OF WHAT COUNTRY
F)	-	Father's NAME Frank Schaub Anna Broderick	
		. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. 07 UNINDOWN) 107 PARTIE R. Schaub, Cumberland 234-09-7702 (wife) Marie R. Schaub, Cumberland	d.Md.
			TERVAL BETWEEN SET AND DEATH
		Conditions, if ony, which) by Coronary sclerosis	?
		gave rise to immediate cause (o), stating the underlying cause lost. DUE TO (c)	
۵	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED? YES NO
		20a, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUT	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County)	(State)
		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection	, and find that
		ACTUAL ALL TO THE MEDICAL STATE OF THE MEDICAL STAT	DATE SIGNED
0		EXAMINER'S NAME (Type) H. V. Deming M. D. DEPUTY MEDICAL EXAMINER [3] DEPUTY MEDICAL EXAMINER [3] DEPUTY MEDICAL EXAMINER [3] DEPUTY MEDICAL EXAMINER [3]	7
	220	O. BURIAL CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
) _ 2%		Burial Jan. 15, 1957 St. Michael's Cemetery Frostburg, Maryland FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Louis Stein, Inc., Cumberland, Maryland.	URE / m A
		Rileri	0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

S VIBDEN

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within corporate limits CERTIFICATE OF DEATH 58 Reg Dist No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY C STATE 5. COUNTY ALLEGANY MARYLAND GRANT WEST VIRGINIA b. CITY OR TOWN (If outside cornorate limits, write C LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town)
CUMBERLAND MAYESVILLE 0 DAYS or INSTITUTION MEMORIAL HOSPITAL. d. STREET ADDRESS e. IS RESIDENCE YES INO MEMORIAL & WARWICK AVES 3 NAME OF Middle Lost 4. DATE Month Denv Yeor DECEASED MARY SUSAN SEARS JANUARY (Type or print) DEATH 15 5. SEX HE HINDER I YEAR IF HINDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED KT 8. DATE OF RIRTH 9. AGE (In years lost_birthdoy) MAY 24. 1892 Months Derve Hours FEMALE WHITE WIDOWED [7] DIVORCED [YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housework At Home Grant County, West Virginia IISA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME HORTER PORTER ANNA C. PETER L. SEARS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (If yes, give war or dates of service) eose r HOSPITAL MEMORIAT. No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ŧ DUE TO Conditions, if any, which] gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) While o m Not while of work of work . 19 5 Zthat I last saw the deceased 21. I certify that I attended the deceased fram 100 and that death occurred at 9:53 alive an AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL / ö Ю PHYSICIAN'S M. Faw. Jr. NAME (Type) 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

tersburg

246) REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 9/55

DECENVED Y. 1557
BUREAU Y. 1557

CERTIFICATE OF DEATH

Reg. Dist. No.

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. PLACE OF DEATH o. COUNTY ALLEGANY

MARYLAND

. STATEST VIRGINIA

SPRINGFIELD

2 USUAL RESIDENCE (Where deceased lived. If institutioni Residence before admission) b. COUNTY

HAMPSHIRE

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 RURAL and give nearest town)
CUMBERLAND

c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town)

DAYS d. NAME OF HOSPITAL (If not in hospital, give street address)

d. STREET ADDRESS

e. IS RESIDENCE ON A FARM? YES NOX

3. NAME OF DECEASED (Type or print)

OR INSTITUTION

First **MRRY**

Middle ELIZABETH

SHANHOLTZ

4. DATE DEATH

Month **JANUARY** Year

5. SEX

6. COLOR OR RACE WHITE

7. MARRIED NEVER MARRIED WIDOWED [

8. DATE OF BIRTH MAY 8.

1897

14. MOTHER'S MAIDEN NAME

9. AGE (In years lost birthday) Months yes.

19 5 IF UNDER 1 YEAR IF UNDER 24 HRS Days Hours Min

FEMALE during most of working life, even if retired)

MEMORIAL HOSPITAL

DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign cauntry) Own Home

RAWLINGS. MARYLAND

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

Day

13. FATHER'S NAME

FRED J. LEASE

HOUSEWIFE

17. INFORMANT

MARGARET EISENHOUR

Address

15 WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

.. 0

MEMORIAL HOSPITAL

CUMBERLAND, MD.

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

DUE TO

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

Valvular Heart Disease

Congestive Heart Failure

years

WAS AUTOPSY PERFORMED? YES INO PA

ONSET AND DEATH
3 MOS

Canditions, if any, which gave rise to immediate cattse (a), stating the underlying couse lost.

(b). DUE TO (c).

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19

20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH

1 - 13

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY Month. o. m.

Day, Year

20d. INJURY OCCURRED While Nat while at work at work

20e. PLACE OF INJURY (Hame, form, 20f. (City or town) factory, street, affice bldg., etc.)

(County)

(State)

DATE SIGNED

21. I certify that I attended the deceased from

. 19 54 to 1-13 August and that death accurred at 3:10 AM, from the causes and on the date stated above.

alive on ACTUAL SIGNATURE

62 Greene St

ADDRESS (Street, city or town, state)

1-13-5/

PHYSICIAN'S NAME (Type)

DR. BALLIN 22b. DATE THEREOF

Cumberland 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

Md (State)

REMOYAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

220 BURIAL, CREMATION.

ADDRESS

240. REC'D BY REGISTRAR

Greensering 24b, REGISTRAR'S SIGNATURE

halm. Gutarie

1957

DUPLE SILLLING TO

Forest Line Cemetery

BATE .

FUN. poge 0 VS A15 (4) 15M 9/55

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SECENT OF NA

DUREAU V. &

Entry A. S.

DISTART DELL

28 mm 31

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M ~

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

59 CERTIFICATE OF DEATH

00085

Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECE	ABED						
COUNTY Allegany	MARYLAND	STATE Mary	and county A	llegany						
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	LENGTH OF STAY (in this place)	CITY (It outside corporate limits, write RURAL end give neerest town) OR								
Cumberland	LLYr. 2Mo. 8Da	_ C Cumb	Cumberland							
HOSPITAL OR INSTITUTION OR		STREET / ADDRESS	(If rural give loc	ation)						
STREET ADDRESS Sylvan Retreat. F	to connect	317	5th St.							
3. NAME OF (First)	Middle)	(Last)	4. DATE (Month)	(Dey)	(Yaar)					
(Type or Print) James A. Garf	ield S	Shoemaker	DEATH //	211	19 57					
5. SEX 6. COLOR OR 7. SINGLE, MARRIE	ED, 8. DATE	OF BIRTH			F UNDER 24 HRS					
RACE WIDOWED, DIV	June	€ 14,1881	75 yrs. Mo	nths Days	Hours Min.					
	D OF BUSINESS	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN	OF WHAT					
retirad)C	INDUSTRY		Penna.	L						
13. FATHER'S NAME	miller	14. MOTHER'S MAIDEN		Ų L	28					
101 EVILLE & LICINE										
Peter Shoemaker		Cal	therine Tiay							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO.	17, INFORMANT &	ADDRESS							
(Yes, no, or unk.) (If Yes, give wer or dates of service)	None	Agnes Sh	noemaker, Cu							
# DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CI	ERTIFICATION	, , ,		AL BETWEEN					
1 DISEASES ON COMMITTIONS DIRECTED TEADING TO DEATH	10,1111	424111 1/ks	i vostation		1011					
422 MANEDIATE CAUSE [A]	1 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -	0000	I K SI CLOSE	13	X/VZ					
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	Col rome	2 Huysde	Brysde id the							
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)	Cereter	al Their		7						
TE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	Corelia	a (arter	، در	?						
198. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION				AUTOPSY					
				YES	- Victoria					
21a, ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH OF INJURY strant, of IFFERTHER, NOTIFY MEDICAL EXAMINER)	e, farm, factory, office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or fown)	(County)	(Steta)					
	INJURY OCCURRED	211. HOW DID INJURY OCCU	IR?							
M. at w	NOT while ork of white									
		2 . F. 2. V	712-26-57	Late I I have a second	41					
22. I hereby chrtify that I attended the decea	ised from	19. Santa 10 . A. K	6.66.5	Was tast I tam	rne deceased					
alive on 42: (412,319.5.4	that death occurred	at L.I.B.H. A.M., from the	causes and on the date	stated above.						
SIGNATURE STORY	1.72	49 9.20	RESS (Street, chy, town, to	10) 20 JD	A / Ú-S (
23. SURAL, CREMATION, DATE THEREOF	I NAME OF CEMETERY C		LOCATION (Citys town, or	county)	(State)					
REMOVAL (SPECIFY) J. n. 27, 195		k Cemetery	Near Leli-		PE.					
247) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 4	25. FUNERAL DIRECTOR'S		ADDRESS						
134 26 1959 Winter R.	Frank My	Viilli L H.	Kicht, Curite	erlind,	in the					

2, 5

8 'A IlVanie

DESTAIL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

AABOC

	60	CERTIFICA	ATI	E OF DEATH			Reg. Dis	t. No.	nhon
1	PLACE OF DEATH a. COUNTYT.E.C. ANY	MARYLAND		USUAL RESIDENCE (When a STATE	re decease	b. COUNTY	n Residenc		Imission)
-	b CITY OR TOWN (If aulside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16		c. CITY OR TOWN (If ou	Iside corpo				fown}
	CID FOR LAND	9 DAYS	1 5	- CHIBERLA	ZID.				
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	1	d. STREET ADDRESS					RESIDENCE N A FARM?
L	SACRED HE RT H.)	ST TT IT.	1 -	HIS JUNE	TY TI	TRRACE			S NO
3.	NAME OF First DECEASED	Middle		Lost	4. DATE OF	Monti	h	Day	Year
	(Type or print) CHARLES		SE	HOWACRE	DEATH	JANUAF	2Y -	12.	1957
5.	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years lost birthday)		Days Ho	INDER 24 HRS.
	MALE WHITE WIDOW	ED 🔼 DIVORCED 🗌	APF	RIL 25, 1870)	86 yrs	, etc. etc.	Days no	Urs Min
10	o. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR ANDU	ISTRY	11, BIRTHPLACE (Stole o	r foreign c	ountry)			HAT COUNTRY?
L	Teliney (presenter)	'arkentery		LATYFAL	T)		U.S	5.A.	
115	FATHER'S NAME	' / /	14	I. MOTHER'S MAIDEN NA	AME				
L	PHILLIP C. Showacr	e /		JANE STUMP					
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17. I	INFO	RMANT		Addre	256		
L	110 -	Mone		OLD CHART OF	9/3	-56+			
	18. CAUSE OF DEATH [Enter only one couse per]	ne for (a). (b). ond (c).]	7	> 0 . 1	10	1/0	1		L BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ultures	1	ultere l	rlei	V) Fac	re l		seek
	-DUE TO	21.	` `	117		-//		1/	V1
	Canditions, if any, which] (b)	Troner	l-	ey The	elu	laed.		14	- C/152
	gove rise to immediate DUE TO								
	lying couse last. (c)								
\ S V	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	T NO	RELATED TO THE TERMIN	AL DISEAS	E CONDITION GIVE	N IN PART		AS AUTOPSY
IFICATION									NO D
CERTIF	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (E	nter nature of injury in Po	art Lor Par	t II of item 18.)			
At C	(IF EITHER, NOTIFY MEDICAL EXAMINER)	les in			1				
	Hour a.m. White	£_		OF INJURY (Home, form, street, office bldg., etc.)		or town)	(C	ounty)	(State)
MEDI	p. m. 19 of wor				1		<u> </u>		
	21. I certify that I attended the decease	sed_from/ = 5)	. 195 /, to -/		7- , 195	that I I	ast saw t	he deceased
	alive an 1-12 12	and that death	1 00	curred of 500	M, from	n the causes as			
		0.		D *		treet, city or town, s		11	DATE SIGNED
	SIGNATURE TOWNEY	Turney	M.D.	Luce	the	It are	an	119 1	-/2
	PHYSICIAN'S NAME (Type)			122222			1		
22	O. BURTAL, CREMATION 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CR	EMATORY	22d, LOCA	TION (City, town, or	county)		(Stote)
22	EINSTAN DIRECTOR'S SUCCESTION	1) ose All		Jen !	u	muelle		1/1	
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1	24 20 REC'D	BY REGIST	TRAR 246. REGIST	KAR'S SIG	NATURE	m à

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital ar attending physician.

D FUNITY AL DIRECTOR: After this certificate has been signed by the attending physician and campletely findage and be detached for use as the burial-transit permit. Then please remove carban papers. Pages the registrar prior to burial, crematian, or removal, and in any event within 72 haurs after death. TO HOSPITAL OR TO FUND VS A15 [4] 15M 9/55

should be filled with n by the funeral director, and 2 should be filed with

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BUREAU V. E.

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VS A15 (4) 1SM 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

61 CERTIFICATE OF DEATH

		U	4
Dist	No		4

1. PLACE OF DEATH	llegany		MARY	LAND	O. STATE	vlance	-	I I ved I finstituti b COUNTY	- 7 7	before odr	nission)
b. CITY OR TOWN (IF RURAL and give no Frost	outside corporate limi prest lown)	ts, write	c. LENGTH OF STAY	IN 15		-		rote limits, write R			own)
d NAME OF HOSPITA		ive street	oddress)		d. STREET AC	nacor	TTUE			l a 15	RESIDENCE
OR INSTITUTION	Miners	44	spital		- 1		i			01	A FARM?
3 NAME OF		-				t Ma:					
DECEASED	Fir		Middle		Lost	7.	4. DATE OF	Mon		Day	Year
(Type or print) S SEX	Barbara	1	Scott		Smit		DEATH		1957		19
_	6. COLOR OR RACE		HEDE NEVER MARRIE		B DATE OF BIRTH			9. AGE (In years lost birthday)		dys Hou	NDER 24 HRS
Female	White	WIDOWI				1879		77 yrs			
10a USJAL OCCUPATIO during most of worki	N (Give kind of work on ing life, even if retired)	done 10b.	KIND OF BUSINESS O	R INDUS	STRY 11. BIRTHPLA	ACE (State o	ir foreign co	ountry)	12 CITIZ	EN OF WH	IAT COUNTRY?
Nor	10				Lon	acon:	ing.	Md.	T	SA	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
Jo	ohn Scott	,			Jean	n Mel	Villi	an			
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. 1	NFORMANT			Add	ress		
No	· jes, give not or dates or v	er vicey	None	1	Vir. And	rew S	Smith	Longo	oning	· MI),
	TH [Enter only one co	use per lin	ne for (o), (b), and (c).	1 1	<u> </u>		ısbar			INTERVAL	BETWEEN
PART 1. DEAT	H WAS CAUSED BY:	. Con	e brac Ci	16	insclar	47	+ 1	1	asis	ONSET A	NO DEATH
1 X	DUE TO				1 1	1		Y 0 480 11 V	0510	_ 19 3	reco 3
Conditions, if on	w makink Y	0	made to	- 4 8	heart	- \	0.			10	ws.
gove rise to im		,	o occasion of	<u>~~</u>	()	- tour				10	-3
lying couse lost	he under-	2	110		1	ser le		on		12	410.
	FP SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	ATH BUIL					FNI INI PART 1	(a) 19 W/	S AUTOPSY
КАТІС					THE TELEVISION OF THE TELEVISI	THE TERMIN		CONDITION ON	CIN IIN I PART I	PER	FORMED?
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY OF	CCURRE	D. (Enter noture of	injury in Po	ort I or Port	ill of ilem 18.)			
ZOC. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d. It While of wor	Not while		ACE OF INJURY (History, street, office		20f. (City	or town)	(Cor	unty)	(Stote)
21. I certify the	at I attended the	deceas	ed from	Lu	19156	10 0	o-Ca	21. 195	7 that 1 la	st saw 19	ne deceased
alive on 2 Co	21	19		denih	occurred at I	1					
				GC4011	occorred at 1			reel, city or lown,		dale 31	DATE SIGNED
ACTUAL	10: (R		1,0. h				·		•		
SIGNATURE			7		M.D						
PHYSICIAN'S NAME (Type)	Leslie R	. Mil	es. Jr. M.I	0.		Lona	aconir	ng, Md.			
220 BURIAL, CREMATION			22c. NAME OF CEME		R CREMATORY		22d, LOCAT	ION (City, town, i	or county)	/5	itote)
REMOVAL (Specify)		957		111	Cemete		-	berland			,
23. FUNERAL DIRECTOR'S		441	ADDRESS		00210 503		BY REGIST		TRÂR'S SIGN		. 160
George H	Eichhorn,	Lor	aconing,	MD	•	DATE /	144	2/10	MA	11811	X/Ha

EUREAU V. S.

DEALES I FOR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 98 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved III institution. Residence before admission) a. COUNTY Allegany b. COUNTY Allegany MARYLAND Marvland b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near Cumberland, rural 6mo near Cumberland, rural d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Bowmans Addition, R.F.D. Bowmans Addition YES 🗍 NO 🗶 NAME OF DECEASED Middle 4. DATE Month Daisv Smi th DEATH (Type or print) Ann Jan 6 COLOR OR RACE 7- MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months DIVORCED | WIDOWED | June 20 1886 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Pennsylvania USA Housekeeper Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bollman Andrew Martha Wilson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address J. Perry Smith Cumberland. Νo Md. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchogenic carcinoma **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? 0 YES NO NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) Hour a. m. No! while at work of work 9-20 19 57 that I last saw the deceased 21. I certify that I attended the deceased from... , and that death occurred at 10 BM, from the couses and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 1 - 3 - 57ACTUAL 62 Greene St. PHYSICIAN'S NAME (Type) Cumberland. Md. Ralph W. Ballin. M.D. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 4/57 I.O.O.F. Cometery Flintstone 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2Åa. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Cumberland, Md.

CELL Y NAI

D.L.

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DIRECTOR

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HOSPITAL

within 24

DECENTAL V. 8.

BECEINE

BUREAU V. &

1 1 1 1

The law requires that the Beath certifical be and

AT TOUNG THYTCIAL BR HOSTITAL: The law requirem that The bottom copy may be remined by the hospital or allending physician.

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		27	ERTIFIC	- M- N					Reg. Dis		
1. PLACE O					2. USL	IAL RESID	ENGE (H	(OME) OF	F DECEASI	ED	,
	llegany		MARYL		STAT	2.15.4 16		COUN		egany	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (In this place)					CITY		rporete limit	is, write RUR	AL end give n	earest town)	
	mberland		2mo.	2 da.	Y. CTOW	N Bar	ton				
HOSPITAL OF	OR				STRE			(If rure	al give location	nj	
STREET ADDR	Sylvan	Retreat	talu o	1/2		bai	rton				
3. NAME OF DECEASE	(First)		(Middle)		(Lest)		4.	OF		(Dey)	(Ye
(Type or Print)	oames H		nerland						Jan. 1		19
5. SEX M	6. COLOR OR	WIDOW	, MARRIED, VED, DIVORCED,	8, DATE O		2000	9, AGI	E lest birthde	Months	ER 1 YEAR	# UNDER
	ĀĀ	(Specify		Dec.		1866	190	U7-	yrs.		
IDe, USUAL OCC	UPATION (Give kind o most of working life, a	of work even if	OR ANDUSTRY.	S		ACE (State or fo	oraign coun	lry)		12. CITIZEI COUN	N OF WH.
retired), 🤌]	gh-it&Ste	r	Coal - ir	le		Va.				J.:	7 a
13, FATHER'S NA		Ci 4.1	. 7			THER'S MAIDE	EN NAME				
	Abraham	Suthe	riand		un	knovn					
	ED EVER IN U. S. AR		16, SOCIAL SEC	URITY NO.		INFORMANT				15	
(Yes no, or unk.)	(If Yes, giva war or	dates of sarvice) m								
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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ADDRESS

24a REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Page

death.

23. FUNERAL DIRECTOR'S SIGNATURE

John J. Hafer, Cumberland, Md.

GUREAU V. S.

DECENALD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY C. STATE b. COUNTY Allegany MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 ac. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Wrights Frostburg Crossing (rural) hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Rt. /1-Box 6 Frostburg. Md. YES NO P Middle DATE DECEASED OF DEATH Cecil Ashworth Tomlinson (Type or print) Jan. 13-19 19 57 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 3. B. DATE OF BIRTH 9. AGE (n years IF UNDER TYEAR IF UNDER 24 HRS white WIDOWED [] DIVORCED T male 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working the even if retired)

Retired liner Coal Mine Lonaconing. Md. 12. CITIZEN OF WHAT COUNTRY? Lonaconing, Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tomlinson Aaron Rachael Barnard 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 217-10-124 Fred Wilson, Frostburg, Md. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] FART I DEATH WAS CAUSED BY IT raumatic shock, compound fracture of lower 9 hrs DUE TO Fractured left femur, depressed comminuted Conditions, if ony, which fracture, left frontal bone & laceration. gove rise to immediate cause (o), stoting the underlying Walking on highway, hit by an auto. cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO TE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) hit him. 20g EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING TO Walking on road, an auto attempting to pass another auto CAUSE OF DEATH. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (GIN or farm) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Not while Frostburg, Allegany 19 57 of work at work Wrights Crossing Inspection *, Inquiry ** and find that 21. I certify that I took charge of the remains described above, held an Autopsy to the Chief DIRECTOR: 8 Accident ** Suicide , Homicide , Undetermined cause . death resulted from: Natural couses ... DATE SIGNED **ACTUAL** 8 VIUNO CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'SH. V. Deming DEPUTY MEDICAL EXAMINER 5 Jan. 13-1957 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) Frostburg Memorial Park Frostburg REMOVAL (Specify) Burial Hafer Fuller al Home VS. ATSME(S) E. Main, Frostburg, Md DATE /

RUREAU V. S.

7261 8 NA

DECENAEU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. emati PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND Allegany Allegany b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corporate fimits, write RURAL and give necrest town) legany Grove Allegany Grove (rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM R.F.D. L Cumberland, I.d. R.F.D.#1 Cumberland, 11d. YES NOT 3. NAME OF Middle 4. DATE Day Year DECEASED W. James (Type or print) Trenton DEATH Jan. 16 19 5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE Ile veen IF UNDER TYEAR 1F UNDER 24 HRS last buthday) Manths Hours male white WIDOWED | DIVORCED [7] 10g. USUAL OCCUPATION (Give kind of work done 10b. MTHD OF BUSKYESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired), ey-Springfield ed-Clerk Westernport. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME podes Joseph F. Trenton Rebecca Gilbert pencil in Item 18. Give Page along with farm 2443. Page burial-transis permit. File pa 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 (son) Joseph L. Trenton, Cumberland, Md. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: Coronary occlusion about min. IMMEDIATE CAUSE (0) DUE TO Coronary sclerosis Canditians, if ony, which gave rise to immediate couse DUE TO (a), stoting the underlying Arteriosclerosis 9 couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? 0 NO E 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while a.m. at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection , Inquiry , and find that to the Chief DIRECTOR: death resulted fram: Natural causes Accident . Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL Circums of CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER H.V.Deming M.D. DEPUTY MEDICAL EXAMINER 内 Jan. 16-1957 NAME (Type) 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) (State) REMOVAL (Specify) 0 Westernport, Maryland Philos Cemetery Buri al Jan. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Kight Funeral Home, Cumberland, Maryland. 5M 9/55 KIPER

DECEIVED TO 12 1257

BULEAU V. S.

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BUREAU V. E.

certificate hadeath certific A152 1-55 10M

Burial -12-57 SS.Peter & Paul 240 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

Cumberland, Md. 25. FUNERAL DIRECTOR'S SIGNATURE

F. Scarrelli Cumberland, Md.

57

HE UNDER 24 HRS

yr.

20. AUTOPSY? NO

(State)



		£ .	87	CERTIFIC	ATE OF DEAT	Ή		Reg. Dist. No	वस्ताम
1.	PLACE OF DEATH o. COUNTY	Legany		MARYLAND	2. USUAL RESIDENCE (MO. STATE Marrilan		b. COUNTY	Residence befo	
22	b. CITY OR TOWN RURAL and give r	If outside corporate limi	ts, write c. LEI	NGTH OF STAY IN 16	c. CITY OR TOWN (IF		timits, write RU	RAL and give ne	grest town)
		TAL (If not in hospital, c		fetime	d. STREET ADDRESS	urg			e. IS RESIDENCE ON A FARM?
TO _		T84 W.	Main		193 W	Main S	t.		YES NO
3.	NAME OF DECEASED (Type or print)	John	st	Middle	Morkman	4. DATE OF DEATH	Month I	0.0	
S.	SEX		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years ost birthdoy)		IF UNDER 24 HRS.
	Male	White	WIDOWED [DIVORCED [Aug. 6 T9		50 ^{yrs.}	Months Days	Hours Min.
10	during most of wor	ON (Give kind of work tking life, even if relired	done 10b. KIND (OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stot		ry)	12. CITIZEN C	F WHAT COUNTRY
1		rator		sourent	Frosth	arg		U. S.	Α.
13.	FATHER'S NAME			0012 012 0	14. MOTHER'S MAIDEN				
1		Verus W	orkman		Rache	1 Kelle	ייך		
15. (Ye	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. SOCIA	L SECURITY NO. 17.	INFORMANT		Addre	" Fros	tburg, I
OL				T .	Irs Anna W	orlman	Wife	T93 W.	Main S
		ATH [Enter only one co	use per line for (o), (b), and (c).]	0		-	INT	ERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Acui	E Masse	re Coronar	4 Occk	ersen,	- UN:	MALLE TE
	420.	DUE TO	7 7		/				
	Conditions, if	ony, which)	1					7.5	
	gove rise to codse (a), stating								
	lying couse lost.	ING DIOEF	1						
NO.	PART II. OT	HER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CO	NDITION GIVE	N IN PART 1(o)	
03	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON							100	PERFORMED?
CERTIFI	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLANG DEATH	206. DESCRIBE H	IOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Part II s	of item 18.)		
<u>8</u>	20c. TIME OF INJU	RY Month, Doy, Ye			LACE OF INJURY (Home, for	m, 20f. (City or	lown)	(County)	(Stote)
WEDI	Hour o.m.	19	White h	401 241116	octory, street, office bldg., e	2 - 4			
	21. I certify t	hat I attended the	deceased fro	m PPRIC	16, 1956, 10	TANK	105	That I last so	aw the decease
	alive on J	AN. 7	1957		accurred at 97				
		7 0 -			. accorded delighter	ADDRESS (Street			DATE SIGNE
7	ACTUAL SIGNATURE	teastis.	120-tex	TELES LEEP	40 48	BRIADI	1104	4-7	1/10/5
1						G-1436647574	2.12.7		
	PHYSICIAN'S NAME (Type)	**/ ***		THETEIN	4.D. FR	GSTAUR	G-M	Δ	
72	REMOVAL (Specify	ON, 22b. DATE THERECO		NAME OF CEMETERY C		22d. LOCATION	(City, town, or	county)	(State)
100	Burial FUNERAL DIRECTOR	I-II-I		costburg		Fron	burg -		Ma
73	A. A. L.	S SIGNATURE		Pufferal H		D BY REGISTRAR	24b. REGIET	'RAR'S SIGNATUI	1/1
1	ental IT. W	nesary	23 E.	Wain Fro	stburg PANd	1-1257	11/11	1011111	N.N.P

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

BUREAU V. S.



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